DOCUMENT RESUME

ED 249 732 EC 170 844

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TITLE For All of Us! (A Resource Guide Especially for People Who Work with the Differently Abled). Revised.
INSTITUTION Tucson Public Library, Ariz.
PUB DATE Oct 84
NOTE 86p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Autism; Cerebral Palsy; Definitions; *Disabilities; Epilepsy; Hearing Impairments; *Learning Disabilities; *Library Services; Mental Retardation; Physical Disabilities; Resource Materials; Student Characteristics; Visual Impairments

ABSTRACT

Intended primarily for library staff in a public library, the guide presents information about major types of disabilities. Information includes definitions and a discussion of characteristics, suggestions for interaction, lists of professional readings and books for children and adults, names and addresses of related agencies (including local Arizona groups), and descriptions of simulation activities. The following disabilities are covered: autism, cerebral palsy, epilepsy, hearing impairment, learning disabilities, mental retardation, physical disabilities, and visual impairments. Extensive appended materials include a glossary, list of recommended readings, and explanation of acronyms. (CL)

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...FOR ALL OF US!

(a resource guide especially for people who work with the differently abled)

Judyth Lessee
Special Needs Service
Tucson Public Library

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"NOTHING EVER BECOMES REAL

TILL IT IS EXPERIENCED"

(Keats)

AN INTRODUCTION
(you really should read this)

This resource guide is meant for librarians and other library staff of a public library but could also be used by school librarians, teachers, or anyone interested in knowing more about people with disabilities.

I purposely avoided (or tried to) using labels, e.g. blind person, epileptic, retarded for one very important reason. A disability is one part of a person and should not imply a total description of that person. Would you like to be classified by the things you can't do? If we are to increase and heighten positive attitudes toward people with disabilities, we need to think of them first and foremost as PEOPLE. If you have a problem with a person who has a disability (e.g. I wonder why he is in a wheelchair, etc.) go up and ask the person, get it over with and then you will understand and the person will feel you are treating him as an equal and not a freak in a sideshow or "nonperson."

There is very little information here on emotional disturbances, or as a mental health professional puts it: "a person who has trouble with his emotions." No special books or programs are needed. You just need to be aware that "crazy" is relative and that one in four people suffer from mental illness. If three of your closet friends are not mentally ill... If you have a problem with a patron, don't stop to think if he is mentally ill or try to do a diagnosis on the spot. Refer to your problem patron policy and/or call your supervisor or library guard. Be calm, firm and consistent. It is all you can do.

There is nothing mentioned about the gifted. I started to develop a chapter then realized there is hardly anything written about them which would affect you. I found one fictional work and the rest is on programs for the gifted. Certainly your entire library is at their disposal and that goes for the programs as well. Probably the only problem you might have is some hyperactivity or rowdiness which you can handle. It is possible to have a gifted child who also has a learning disability. Play it by ear. Do a thorough reference interview and then experiment until you find something suitable. If a child who is gifted asks for something "heavy" e.g. existentialism in postwar France - give it to him. You don't know if he has a disgustingly high "I.Q." or not - so give him the benefit of the doubt.

One thing I did not mention in the section on mental retardation is about book selection. I do not generally practice censorship, but sometimes, especially if I know a person cannot read at all, I will try to direct his interests from War and Peace to something more "appropriate" (my subjectivity) such as a nonfiction book with good photographs.

Not all the fiction books listed are part of the Tucson Public Library. If patrons ask for something and can't find it on the shelves, check CLSI and when necessary, go through interlibrary loan. Don't forget that the Special Needs Collection has material not accessible through the COMCAT or CLSI. When in doubt - Special Needs.

INTRODUCTION (2)

The fictional lists were compiled using two major resources: Notes From a Different Drummer and Books About Handicaps for Children and Young Adults.

I specifically read over the annotations and tried to pick only those that were either recommended or had some redeeming value even if the style was less than literary.

These lists are by no means comprehensive and if you wish to have additional titles, there are other bibliographies available, some are mentioned in the back of this guide.

The pages are meant to be added to. If you find some new sources, a simulated handicap, a resource person, please add it to your guide. You may wish to share it with me and other staff members as well.

Since resource people change frequently, I have purposely left out local contact persons. For names of people working with specific disabled groups, please feel free to contact me and I can provide names and phone numbers.

Well, folks. Here it is. I hope it helps you. Any other information that I can provide for you is at your disposal, just ask me. Any comments you wish tc make about this first guide are encouraged.

Just remember: NOBODY'S PERFECT! ACCEPT THE DISABLED.

Judyth Lessee
Developmental Disabilities Specialist

August, 1983
(rev. Oct, 1984)

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AUTISM

WHAT IS AUTISM?

According to the National Institute of Health (May, 1979) autism is "a severely incapacitating, lifelong developmental disability which usually appears during the first three years of life...In most cases the cause or causes are still unknown. There appear to be several types of autism, each with a distinct neurological basis. No known factors in the psychological environment of a child have been shown to cause autism, and most scientists believe the cause is physical."

Characteristics:

1. Impairment of interpersonal relationships characterized by aloofness, decreased physical contact, lack of eye contact.

2. Deficits in social behavior seen in severe limitations in cooperative play, tag play and self-care skills.

3. Stereotyped activities including self-stimulating behavior, various kinds of repetitions and preoccupations with sameness.

4. Impairment of intellect manifested by concreteness of thought, school performance deficits, and difficulties with judgement and abstract thinking.

5. Disturbances of speech and language seen in various forms such as mutism, ecolalic speech, delayed development, and a variety of other idiosyncrasies in word usage, speech modulation and content. (40-85% are non-verbal and many use sign language).

It is highly unlikely that an autistic person will come into the library on his own. In the event that you see someone exhibiting any of the above characteristics AND YOU ARE HAVING A PROBLEM communicating with him or trying to help him, see if the person can find whoever brought him. Then you can communicate with the "responsible" person accompanying the person with autism.

To insure proper behavior and communication:

1. Limit outside stimulation.

2. Make eye contact.

3. Use short simple direct instructions.

4. Give time between instructions and performance for decoding.

5. Give positive reinforcement.

6. Offer opportunities for maximum success.

7. Take cues from parents or accompanying adults on dealing with behavior.

8. Ask questions pertinent to each child visiting the library from the parent or guardian who brought him or her. Remember the parent or guardian will never be far away.

If you see a person (child or adult) with autism who is acting inappropriately in the library, e.g. shouting, disturbing other patrons in any way, physically abusing the library (a rarity), then look at him directly, get eye contact and say (if you know his name it helps) ".... that isn't appropriate, please stop it now." Then you should reinforce the person if he stops the negative behavior by giving positive reinforcement which can be done in two ways. First you say something like "That's good listening." "You are following directions well." Something which comments directly on the command you gave. Then later you can come back if he is acting appropriately and say (out of the blue) "That's good sitting" or "That's good being quiet" or whatever, which also reinforces the behavior which is appropriate at the time of reinforcement. A very simple text on behavior modification would help you deal not only with people with autism, but your nondisabled patrons as well. As the saying goes... catch them doing something right.

Special accommodations are not needed for programming or for the collection. Many children with autism can read on fairly high levels, though they may not comprehend what they read. Your regular collection of books, tapes, magazines, etc. would be fine. Sometimes things that spin or move fascinate some people but not all. Your toy box may be useful too.

I would be surprised to find a parent or guardian leaving a person with autism alone in the library or "dumping" him off at a library program the way other parents do. If the parent or guardian feels the program is appropriate, he will bring the person with autism to the library.

Rule of thumb is: If in doubt, ask someone... the parent, guardian, person on resource list or developmental disabilities specialist.

**********Thanks to Mary Ann Daley for her assistance in writing this section **********

PROFESSIONAL READINGS ON AUTISM

618.928982 AU81	AUTISM: DIAGNOSIS, CURRENT RESEARCH AND MANAGEMENT. Edward R. Ritvo, ed. Spectrum Pub. 1976. 302 pp.
618.928982 P189A	AUTISM: A PRACTICAL GUIDE FOR PARENTS AND PROFESSIONALS. Maria J. Paluszny. Syracuse U. 1979. 179 pp.
*	AUTISM SOURCEBOOK FOR PARENTS AND PROFESSIONALS. Bruce Balow. U. Minnesota. 1978. 77 pp.
618.928 R743C	CHILDREN WITH EMERALD EYES: HISTORIES OF EXTRAORDINARY BOYS & GIRLS. Mira Rothenberg. Dial Press. 1960, 1977. 293 pp.
618.928 B466E	EMPTY FORTRESS: INFANTILE AUTISM AND THE BIRTH OF SELF. Bruno Bettleheim. Free Press. 1967. 484 pp.
q371.9044 C388H	HANDBOOK OF THE USE OF SONGS TO TEACH AUTISTIC AND OTHER SEVERELY HANDICAPPED CHILDREN. Lyle D. Chastain. White Oak Press. 1979. 117 pp.
*	HOW THEY GROW: A HANDBOOK FOR PARENTS OF YOUNG CHILDREN WITH AUTISM. National Society for Autistic Children. 1980. 65 pp.
618.92858 H324O	ONE CHILD: A TEACHER'S STRUGGLE TO SAVE A GIFTED AND TROUBLED GIRL. Torey L. Hayden. Putnam. 1980. 251 pp.
618.928982 D399P	PARENTS AND CHILDREN IN AUTISM. Marian K. Demyer. Winston & Sons. 1979. 277 pp.
618.928982 K849R	REACHING THE AUTISTIC CHILD: A PARENT TRAINING PROGRAM. Martin A. Kozloff. Research Press. 1973. 245 pp.
362.783 N213U	U.S. FACILITIES AND PROGRAMS FOR CHILDREN WITH SEVERE MENTAL ILLNESS. U.S. Dept. H.E.W. Public Health Service. 1977. 504 pp.

* uncatalogued monograph

BOOKS FOR CHILDREN & YOUNG ADULTS ON AUTISM

Gold, Phyllis. PLEASE DON'T SAY HELLO. Human Sciences Press, 1976. p.

Heide, Florence Parry. SECRET DREAMER, SECRET DREAMS. Lippincott, 1980. 95 pp.

Parker, Richard. HE IS YOUR BROTHER. Nelson, 1974. 98 p..

Terris, Susan. THE DROWNING BOY. Doubleday, 1972. 189 pp.

AGENCIES SERVING PEOPLE WITH AUTISM

DIVISION OF DEVELOPMENTAL DISABILITIES
District II
P.O. Box 13178 (mailing address)
85732-3178
4400 E. Broadway, 7th fl.
745-5588 Ext 223 or 225

PIMA COUNCIL ON DEVELOPMENTAL DISABILITIES
District II
738 N. 5th (85705)
884-7810 x25

PIMA CHAPTER
National Society for Autistic Children
4351 E. Broadway (85711)
795-2611 (day)
297-6789 (eve)

UNIVERSITY OF ARIZONA
Autism Program
Child Psychology Clinic (85721)
626-3189

INTERNATIONAL SOCIETY FOR AUTISTIC CHILDREN
1A Golders Green
London NW11 8EA England

NATIONAL SOCIETY FOR AUTISTIC CHILDREN
1234 Massachusetts Avenue, NW
Suite 107
Washington, DC 20005
(202) 783-0125

SOUTHERN ARIZONA COUNCIL FOR AUTISTIC CHILDREN
PO Box 13308 (85732)
886-7330

SIMULATED HANDICAPS - AUTISM

1. Have some person in the group talk about something she wants, i.e. a place to travel, something to eat, wear, experience. Then ask her to daydream about this thing while you talk about something very simple but unrelated. Go back after about 3 minutes and ask questions about what you discussed and see if she can answer your questions. She probably can't. Then ask her about her dream and see how vividly she can remember it. The point being, an autistic person is often wrapped up in his own world and completely or partially shuts out external stimuli. If something in the outside world is interesting to him, he will open up and receive it.

2. Assign a person a series of numbers in random order (e.g. 4 6 9 2 1). I would recommend using a series of at least seven to nine digits. Then tell the person not to forget his numbers. Talk to him about anything you want as long as you ask some questions in which he must give answers with numbers in them. For example: What is your zip code? What is your social security number? How many years have you lived in Tucson?, etc. See if the person can give all these numbers then - matter-of-factly, ask for the series of numbers he was to memorize. The point here is that it is so easy to get confused, to not be able to concentrate when your auditory memory is overtaxed. Be aware of the person's physical expressions, body language during this activity. Does he frown? Does he speak hesitantly? Does he breathe faster? Does he become antagonistic? Does he get a headache?!

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CEREBAL PALSY

WHAT IS CEREBRAL PALSY?

Cerebral Palsy (or CP for short) is a group of disabling conditions that results from damage to the central nervous system. "Cerebral" refers to brain and "Palsy" describes the lack of muscle control that is often but not always a symptom.

It can be severe or mild. It can mean only a slight speech impairment or inability to control body movements. IT DOES NOT NECESSARILY MEAN THE PERSON IS MENTALLY RETARDED.

Causes include: prenatal (mother's illness, RH incompatibility, genetic defects) or perinatal [just before, during or after birth] (premature birth, lack of oxygen), or post natal (accident, lead poisoning, illness, child abuse).

There are five types of CP:

1. SPASTIC - tense contracted muscles (most common type)
2. ATHETOID - constant, uncontrolled motion of limbs, eyes, head
3. RIGID - tight muscles that resist effort to make them move
4. ATAXIC - poor sense of balance, often causing falls, stumbles
5. TREMOR - uncontrollable shaking, interfering with coordination

Probably the most difficult thing that librarians will have to deal with when helping a patron who has CP is in the area of speech defects. Some persons with CP will drool, cannot use their tongues well and their speech may sound garbled and at times incomprehensible. What do you do?

--Ask patron to repea- what he just said and if you don't understand him after a second or third time, ask him to write it down.

--This may not work, so try to deduce what the person wants based on the situation, pointing to things or using mime or gestures.

--Some persons with CP cannot speak at all and use a communication board or possibly an electronic communicator which will certainly help the communication process.

REMEMBER TO TALK TO THE PERSON and not anybody who might be accompanying the person. This is especially true if the person is in a wheelchair. Don't shout, even if the person also has a hearing impairment. Don't use shorter words or simplify your vocabulary unless you know the person is also mentally retarded. Don't be afraid to touch the person. Drooling or shaking doesn't mean the person is contagious or aggressive.

CEREBRAL PALSY TIPS (2)

Some people (children and adults) with CP may not have the muscle control in their faces to show emotions. Because some cannot respond to you (except perhaps in grunts or groans) don't assume they don't understand you. Many people with CP communicate with a laugh, a nod, a smile, with their eyes. You need to cue in to the individual person. But a heightened awareness will help facilitate communication.

What kind of materials should you have? Persons with CP can and do read all subjects and formats of material. Some will choose a hardback, some a paperback, some need a large type print, some need talking books or cassettes. If you offer the talking book service, your collection will be usable by persons with CP. You may wish to have an automatic page turner in your branch, a book stand and/or a hand extender which the person can use to manually turn the page. Some patrons may even come in with their own adaptive devices which they attach to their heads or their hands.

What kind of programs should you have? You don't need to create special programs nor make special accommodations for the program unless it involves patron participation (speaking, using hands, legs, etc.). Because each person is so different in her capabilities, it is difficult to give a "one answer" fits all but just remember that there are adaptive aids which you can buy or borrow from the United Cerebral Palsy Association and you can always ask a patron directly if she thinks some adjustments need to be made.

If you were to do a program for children and there were some kids with CP in the audience, just make sure you include them in the activities. If they can't do some of the activities, wing it. Don't make up something special for them. Talk to the teacher about what s/he thinks could help. Talk and look directly at the child when doing an activity, don't depend on the teacher for everything (or the parent). It doesn't help the child's self-esteem. Music, art, storytelling, puppets, dance, can all be done and enjoyed by children with CP.

What happens if a person with CP should fall down in the library? EGADS!! Well probably the person will get up on his own unless he asks for help, appears to need help or appears to be hurt. Some people with CP walk very funny and look like they are going to fall, but most of the time they don't Don't become a mother (or father) hen.

What if a person with CP drools all over your books? How disgusting!! Well, my guess is that since the books don't belong to him, he will be careful about his drooling. Remember that drooling is an involuntary action and not the work of a malicious person. If a person should drool over a magazine or something expensive, especially if it is to be thrown out eventually, then what's the point in getting upset? If it really concerns you though, by all means speak DIRECTLY TO THE PERSON who is drooling.

There is no wrong or right way to deal with ANY PERSON. We're all individuals.

PROFESSIONAL READING ON CEREBRAL PALSY

q016.3624
R282c
v.5
Renbolt, Raymond R. CEREBRAL PALSY AND RELATED DEVELOPMENTAL DISABILITIES - PREVENTION AND EARLY CARE; an annotated bibliography. (includes items from 1974-75) National Center on Educational Media and Materials for the Handicapped. Ohio State University, 1977.

362.196836
D34j
Deacon, Joseph John. JOEY. Charles Scribner's Sons. 1974. 92 pp.

362.784
H369
HELPING THE SEVERELY HANDICAPPED CHILD: A GUIDE FOR PARENTS AND TEACHERS. Crowell, 1979. 150 pp.

618.83
C888c
Cruickshank, William. CEREBRAL PALSY: A DEVELOPMENTAL DISABILITY. 3rd ed. Syracuse U Press, 1976. 623 pp.

618.928
C334
CEREBRAL PALSY & COMMUNICATION: WHAT PARENTS CAN DO. ed. by Arlene Golbin. George Washington U, 1977. 121 pp.

618.928
K228c
Keats, Sidney. CEREBRAL PALSY. Charles C. Thomas, 1965. 369 pp.

649.8
F497h
Finnie, Nancie. HANDLING THE YOUNG CEREBRAL PALSIED CHILD AT HOME. rev. ed. Dutton, 1975.

BOOKS FOR CHILDREN & YOUNG ADULTS ON CEREBRAL PALSY

First, Julia. FLAT ON MY FACE. Prentice-Hall, 1974. 95 pp.

Green, Phyllis. WALKIE-TALKIE. Addison-Wesley, 1978. 96 pp.

Little, Jean. MINE FOR KEEPS. Little, Brown, 1972. 186 pp.

Little, Jean. SPRING BEGINS IN MARCH. Little, Brown, 1966. 156 pp.

Mack, Nancy. TRACY. Raintrees, 1976. 30 pp.

Neufield, John. TOUCHING (also called TWINK) Phillips, 1970. 119 pp.

Robinet, Harriette. JAY AND THE MARIGOLDS. Children's Press, 1976. 48 pp.

Southall, Ivan. LET THE BALLOON GO. Methuen, 1968. 142 pp.

Fassler, Joan. HOWIE HELPS HIMSELF. Whitman, 1975.

Stein, Sara Bonnett. ABOUT HANDICAPS: AN OPEN FAMILY BOOK FOR PARENTS AND CHILDREN TOGETHER. Walker, 1974. 47 pp.

Gerson, Corinne. PASSING THROUGH. Dial Press, 1978. 193 pp.

AGENCIES SERVING PEOPLE WITH CEREBRAL PALSY

Cerebral Palsy Foundation
3825 E. 2nd Street
Tucson, AZ 85711
325-1517

Cerebral Palsy Foundation
Adult Services
PO Box 41164
Tucson, AZ 85717

Division of Developmental Disabilities
District II
PO Box 13178
Tucson, AZ 85732-3178
745-5588 Ext. 223 or 225

American Academy for Cerebral Palsy
and Developmental Medicine
PO Box 11083
2405 Westwood Avenue
Richmond, VA 23230
(804) 355-0147

United Cerebral Palsy Association, Inc.
66 East 34th Street
New York, NY 10016
(212) 481-6312

United Cerebral Palsy Association
of the Sonoran Desert
1160 N. Craycroft
Tucson, AZ 85712
886-6068

Pima Council on Developmental Disabilities
c/o Nola Lehmann
PO Box 55133
Tucson, AZ 85703-5133
888-6368

SIMULATED HANDICAPS - CEREBRAL PALSY

Many of the activities here can be used in the section on physical disabilities and vice versa.

1. Get some saltines and give each person about 4-6 crackers - enough so they can't move their tongue easily. Do it with about one or two people if a large group, or to each person if there are less than ten people (and your crackers hold out). They are not to put anything in their mouths until you tell them. Have one person at a time do it so the rest of the group becomes the "audience." Then direct the cracker person to put the crackers in her mouth. Do not bite, chew suck or swallow. Just shove them in. Then get the person to read a sentence you've found or better yet, a tongue twister. The person will probably spit some, so keep clear. Ask the group if they understood the sentence. They most likely will not. Ask the cracker person to repeat the sentence but to speak more loudly and clearly. After about three attempts, get the cracker person to spit out the crackers (in trash can or tissue) then re-read sentence without the crackers. This time everyone will be able to hear and understand the sentence. Now ask the cracker person what it felt like not to use her tongue and how it felt to have to keep repeating the sentence and possibly to drool? Ask the audience how it felt to keep asking the person to repeat what she was saying and still not understand her? Did they want to ignore it? Pretend they understood when they really didn't? Did they get frustrated? Angry? Maybe some understood enough to guess the rest. Ask how else they could have communicated with the person, e.g. have person write it down, maybe gesture, etc. (NOTE: candy in the middle of the tongue can be substituted for the crackers in a slight variation where the person again cannot move her tongue. I usually get her to say the Pledge of Allegiance.)

2. One type of CP - spastic (also rigid) can be illustrated by giving the person something to write, move, etc. - but HE CAN'T BEND HIS ELBOW, WRIST OR FINGERS. The arms can move sideways, but not up and down or in and out. You can also improve on this by adding some adaptive equipment like a hand extension device for turning pages, and see if that helps.

3. One variation on the speech exercise is to have people hold their tongues and try to speak. Notice how sloppy they sound, how they drool. Let them hear themselves and how much clearer they sound when they carefully enunciate the words (which may make their voices feel strained and sound strange.)

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EPILEPSY

WHAT IS EPILEPSY?

Epilepsy is an "invisible handicap" and many people who have seizures come into your library without you even knowing about their disability, unless they have a seizure in your library. Here are the three major types of seizures (old terms in brackets), what they might look like to you the observer, and first aid tips where appropriate. REMEMBER: NOT ALL SEIZURES REQUIRE ANY ASSISTANCE FROM YOU.

ABSENCE (petit mal).....person may stop talking in mid-sentence; eyes will roll, move rapidly and blink quickly; duration may be 5 - 30 seconds and may recur many times during the day. FIRST AID: leave person alone until seizure passes, then include him again in programming or in reference interview, etc. You may wish to fill person in if you feel he missed too much. Any physical activity going on around the person in a seizure can continue, just keep clear of the person having the seizure. DO NOT ASK IF THE PERSON IS O.K. It's not necessary. It causes attention to be unnecessarily focused on the person.

COMPLEX PARTIAL (psychomotor).....person may act "bizarre" and pull at his or anyone else's clothes, get up and walk around, touch things around the room arbitrarily, smack his lips, become dizzy or confused or afraid or angry for no apparent reason. May experience a strange sensation (ringing in ears, spots before eyes, etc.) FIRST AID: Again, do nothing unless it appears person is going to harm himself by falling, hitting a sharp object, etc. DO NOT SHAKE PERSON OR TRY TO "SNAP" HIM OUT OF IT. (Seizure may last for a minute or continue for hours or may also progress into a generalized convulsion.)

GENERALIZED TONIC-CLONIC (grand mal).....person will usually slump over and/or fall to ground in convulsion, may be foaming at the mouth, being quite rigid. Person may or may not become incontinent (loss of bladder or bowel control). Usually lasts only 2 - 3 minutes. FIRST AID: turn person on side if possible, keep people away, keep objects away from person. DO NOT PUT ANYTHING IN PERSON'S MOUTH. NO! NO! NO! PERSON WON'T SWALLOW TONGUE. Person may be tired after seizure and might want to rest for a few minutes.

DO NOT CALL PARAMEDICS UNLESS:

1. Patron asks you to.
2. Patron goes into "status epilepticus" or repeated seizures, i.e. one right after the other.

PROFESSIONAL READINGS ON EPILEPSY

362.196853
V885E — EPILEPSY AND YOU. Frank O. Volle. Charles C. Thomas, 1978. 72 pp.

616.853
SA57E — EPILEPSY FACT BOOK. Harry Sands. F.A. Davis, 1977. 116 pp.

616.853
B651E — EPILEPSY HANDBOOK. 2d edition. Louis D. Boshes. Charles C. Thomas, 1958, 1972. 196 pp.

362.196853
F877E — EPILEPTIC IN HOME, SCHOOL AND SOCIETY; COPING WITH THE INVISIBLE HANDICAP. Stephen W. Freeman. Charles C. Thomas, 1979. 285 pp.

616.853
SV51L — LEARNING ABOUT EPILEPSY. William B. Svoboda. University Park Press, 1979. 240 pp.

618.92853
L137S — SEIZURES, EPILEPSY, AND YOUR CHILD; A HANDBOOK FOR PARENTS, TEACHERS, AND EPILEPTICS OF ALL AGES. Jorge C. Lagos. Harper & Row, 1974. 238 pp.

BOOKS FOR CHILDREN & YOUNG ADULTS ON EPILEPSY

Clever, Vera. THE MIMOSA TREE. Lippincott, 1970. 125 pp.

Corcoran, Barbara. SASHA MY FRIEND. Atheneum, 1972. 203 pp.

796.426
W696C

Cragg, Sheila. RUN PATTY RUN: THE STORY OF A VERY SPECIAL LONG DISTANCE RUNNER WHO LIGHTS THE WAY FOR OTHERS. Harper & Row, 1980. 175+ pp.

Griffiths, Helen. MYSTERIOUS APPEARANCE OF AGNES. Holiday House, 1975. 160 pp.

Hermes, Patricia. WHAT IF THEY KNEW? Harcourt, Brace & Jovanovich, 1980. 121 pp.

Sherbourne, Zoa. WHY HAVE THE BIRDS STOPPED SINGING? Morrow, 1974. 189 pp.

j616.853
S139E

Silverstein, Alvin. EPILEPSY. Lippincott, 1975. 64 pp.

Spence, Eleanor. THE DEVIL HOLE. Lothrop, Lee & Shepard, 1976. 215 pp.

Thrasher, Crystal. THE DARK DIDN'T CATCH ME. Atheneum, 1975. 182 pp.

AGENCIES SERVING PEOPLE WITH EPILEPSY

EPILEPSY SOCIETY OF SOUTHERN ARIZONA (ESSA)
1310 N. Alvernon
Tucson, AZ. 85712
881-3890

**

AMERICAN EPILEPSY SOCIETY
Dept. of Neurology
Reed Neurological Research Center
710 Westwood Plaza
Los Angeles, CA. 90025
(213) 825-5745

**

EPILEPSY CENTER OF MICHIGAN
10 Peterboro
Detroit, MI 48201
(313) 832-0500

**

EPILEPSY FOUNDATION OF AMERICA
4351 Garden City Drive
Landover, MD 20785
(301) 459-3700

**

SELF-HELP DEVELOPMENT INSTITUTE
Center for Urban Affairs
2040 Sheridan Road
Evanston, Il 60201
(312) 492-3395

Pima Council on Developmental
Disabilities, District II (PCDD)
738 N. 5th
Tucson, AZ 85705
884-7810 x25

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Division of Developmental
Disabilities, District II
P.O. Box 13178 (mailing address)
4400 E. Broadway (85732-3178) Tucson, AZ
745-5588 Ext. 223 or 225

SIMULATED HANDICAPS - EPILEPSY

Read a passage from a book and time it. Cut out between 5-30 seconds worth somewhere in the body of the paragraph and then ask the audience about what you just read. You can also read something which runs about 1-3 minutes and cut out 5-30 seconds in more than one area. This will simulate an absence seizure.

Can the audience answer your questions about the paragraph with parts of it missing? Be sure to ask them specific questions which relate to the missing parts.

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HEARING IMPAIRMENT

WHAT IS A HEARING IMPAIRMENT?

A hearing impairment can occur because of prenatal conditions such as congenital defects (rubella, mother's illness). Childhood illnesses which include high fevers and high dosages of antibiotics can also cause hearing loss. Injury to the head is another cause. As we get older, many of us start to lose our hearing. Sometimes surgery can help but regardless, many people wear unobtrusive hearing aids for greater amplification.

There are two kinds of hearing loss: bone conduction and sensorineural. In a nutshell, your outer ear gathers the sound and sends it to the middle ear through vibrations which then send waves through the inner ear and up the nerves to your brain which decodes the sound, all taking a few milliseconds or less. If the bones in the middle ear aren't working properly, hearing is impeded. This is a bone conduction hearing loss. Surgery can help improve this type of loss and wearing a hearing aid can also help. Remember that a hearing aid only AMPLIFIES sound, it doesn't make it clearer. If there is damage to the nerve leading from the inner ear to the brain it is called a sensorineural loss and no hearing aid will help the person with this type of loss. A person may hear the sound but cannot distinguish between sounds. Auditory discrimination is a vital part of a person's development. It affects receptive and expressive language. With this type of hearing loss, especially from birth, the person may have some trouble communicating.

There are five types of hearing loss:

1. Slight hearing loss: may have difficulty with faint or distant speech and in group situations. In children it could lead to delay in speech and language acquisition.

2. Mild hearing loss: same as slight loss, may also be inattentive.

3. Moderate hearing loss: speech problems, language retardation, learning disability, inattention, conversation must be loud to be understood, difficult in group situations, increasing difficulty in school, dependence on visual cues.

4. Severe hearing loss: may hear only loud speech, may be able to identify environmental sounds, may be able to discriminate vowels but not consonants, speech and oral language may not develop spontaneously if loss occurs before age three, speech and language problems, will not hear conversational speech, heavy reliance on visual cues.

5. Profound hearing loss: may hear some loud sounds but more aware of vibrations, vision primary avenue for communication, speech and language will not develop spontaneously, speech may deteriorate in adults.

HEARING IMPAIRMENT TIPS (2)

There are also "hard of hearing" people who have residual hearing which is functional so they are able to make sense out of what they hear. The people falling under this category like to emphasize the difference between themselves and the deaf. Their speech is usually fine and they probably wear hearing aids, but they were not born with hearing impairments. There is a significant number of hard of hearing persons in this country (not all "older Americans") but they are probably overlooked because their speech is fine and they can communicate easier than those with severe hearing impairments. They may, however, have some of the same problems that deaf people have, e.g. using a telephone, watching television, etc.

The hearing impairment most people think of is DEAFNESS. Alice Hagemeyer, a deaf librarian at the Washington, D.C. Public Library classifies deaf people by the type of language they have and when the hearing loss occurred:

1. ADVENTITIOUSLY DEAF ADULTS - lost their hearing after they acquired language and speech; normally they have the best speech of all hearing impaired people.

2. PRE-LINGUALLY DEAF ADULTS FROM DEAF FAMILIES - have better than average language but may have no usable speech.

3. OTHER PRE-LINGUALLY DEAF ADULTS - come from hearing families who had trouble communicating with them when they were little so they have difficulties expressing themselves in English.

4. LOW VERBAL DEAF ADULTS - may be able to sign their own names; write simple sentences, phrases or words but not long involved sentences nor can they read anything but simple English instructions; they express themselves using gross signs mixed with homemade pantomime.

5. ORAL PROGRAMS - can sign and fingerspell but they usually mouth when signing.

6. PUBLIC SCHOOL PROGRAMS - may have low attention spans due to lack of interpreters in the school; many are low verbally.

7. UNEDUCATED DEAF ADULTS - though receptive/expressive skills are lacking or nonexistent, they are and can be hardworking and useful through less skilled or menial work.

8. DEAFENED ADULTS - people who lost their hearing after they were well through their educational programs; they have normal speech but probably have a greater need for hearing aids.'

'Hagemeyer, Alice. Deaf Awareness Handbook for Public Libraries D.C. Public Library, 1975. pp.4-6.

HEARING IMPAIRMENTS TIPS (3)

You now have a general background on deafness. The enclosed pamphlets will also help. The following page on what to do when you meet a deaf person will help provide the best library service to patrons who are deaf.

People with a hearing impairment may also have language deficits. They do not understand the syntax of language because they cannot hear it. So when you develop your collections be sure to have high interest/low reading material (HILRL) available. You want material which is adult oriented but on a lower reading level. Books with good photographs are always helpful. If you can afford it, consider getting captioned filmstrips and/or captioned videocassettes. If you can get non-narrated media for programs (films or video) this may attract more people with hearing impairments to your programs. All children's librarians should have a list of "films without words" which you can show to younger audiences. Silent movies are very successful with all ages.

If you have a TDD (telecommunication device for the deaf) also called a TTY (actually a teletypewriter), you can call patrons who are deaf and/or receive inquiries about library services/programs. Knowing the agencies serving the deaf will help you in your outreach efforts. This is true, by the way, for any of the disabilities mentioned. KNOW THE PEOPLE/AGENCIES in YOUR CATCHMENT AREA.

If you would commit yourself to learning some basic signs, especially library signs, you will facilitate better communication and make the library a more comfortable place for a person with a hearing impairment.

Yes, you can do a story in sign language! It isn't hard, really. Yes, you can have an integrated program in which persons with and without hearing impairments can attend. You can get an interpreter from the Community Outreach Program for the Deaf or if your meeting room does not have an audio loop, contact the Tucson Hearing Society and perhaps they can loan you one. The looping system enables hard of hearing people to hear better as long as the speakers use a microphone.

Sign language classes seem to be quite popular. Why not? Sign language is the third most used language in America!! Organize a series of classes at your library and participate yourself. There are plenty of people around who would be happy to do the classes for free. Don't forget to utlize your colleagues in the library too!!

The two best places to get paraphernalia on sign language are:

I LOVE YOU Bookstore
805 North Royal
Alexandria, VA 22314

JOYCE MOTION PICTURE, INC./JOYCE MEDIA
PO Box 458
Northridge, CA 91328

The Tucson Public Library has three TDD's: at the Main Library (791-3250), Columbus Branch (791-4081), and at the Woods Branch (791-4548)

WHEN YOU MEET A DEAF PERSON

1. Speak clearly and distinctly, but don't exaggerate. Use normal speed unless asked to slow down.

2. Provide a clear view of your mouth. Waving your hands or holding something in front of your lips, thus hiding them, makes lip reading impossible.

3. Use a normal tone unless you are asked to raise your voice. Shouting will be of no help.

4. Speak directly to the person, instead of from the side or back of the person.

5. Speak expressively. Because deaf persons cannot hear subtle changes in tone which may indicate sarcasm or seriousness, many will rely on your facial expressions, gestures and body movement to understand you.

6. If you are having trouble understanding a deaf person's speech, feel free to ask him to repeat. If that doesn't work, then use paper and a pen. Communicating is your goal. The method doesn't matter.

7. If you know any sign language, use it. If the deaf person you are communicating with finds it a problem, the person will let you know. Usually your attempts will be appreciated and supported.

8. If a deaf person is with an interpreter, speak directly to the deaf person - not to the interpreter.

9. When talking with a deaf person, try not to stand in front of a light source (e.g. window). The deaf person would find it hard to see your face, which would be silhouetted in the light.

(from Beyond the Sound Barrier, RRRIALLB, 1978, p. 16)

PROFESSIONAL READINGS ON HEARING IMPAIRMENT

362.42 B735S	THE SILENT WORLD. Bernard E. Branson. Trojan Press, 1971. 110 pp.
362.42 B882D	DEAF PARENTS-HEARING CHILDREN; TOWARD A GREATER UNDERSTANDING OF THE UNIQUE ASPECTS, NEEDS, AND PROBLEMS RELATIVE TO THE COMMUNICATION FACTORS CAUSED BY DEAFNESS. Lawrence T. Bunde. Registry of Interpreters of the Deaf, 1979. 100 pp.
362.41 Y77L	LIVING WITH DEAF-BLINDNESS; NINE PROFILES. Carol Yoken. Gallaudet College Press, 1979. 175 pp.
q371.912 F812L pt. 1 & 2	LET THE SUN SHINE IN!: LEARNING ACTIVITIES FOR MULTIPLY HANDICAPPED DEAF CHILDREN. Elizabeth Foster. Indiana School for the Deaf, 1972. pp.
371.912 H251T	TEACHING READING TO DEAF CHILDREN. Beatrice Ostern Hart. Alexander Graham Bell Association for the Deaf, 1962, 1978. 221 pp.
371.912 N184H	THE HEARING IMPAIRED CHILD IN A REGULAR CLASSROOM: PRESCHOOL, ELEMENTARY, AND SECONDARY YEARS; A GUIDE FOR CLASSROOM TEACHER/ADMINISTRATOR. Winifred Northcott. Alexander Graham Bell Association for the Deaf, 1973. (rev. 1980) 301 pp.
q371.912 OR5M	MAINSTREAMING THE HEARING IMPAIRED CHILD. Janice Zatman Orlansky. Learning Concepts, 1977. 111 pp.
371.923 W832G	GAMES WITHOUT WORDS; ACTIVITIES FOR THINKING TEACHERS AND CHILDREN. Sydney Wolf. 1974. 101 pp.
q371.9127 T312P	PREFERRED SIGNS FOR INSTRUCTIONAL PURPOSES. Texas Education Agency, 1978.
q371.928 M589L	LEISURE TIME ACTIVITIES FOR DEAF-BLIND CHILDREN. Lillian Mikalonis. Joyce Media, 1974. 122 pp.
q419 K633PI	PLAY IT BY SIGN; GAMES IN SIGN LANGUAGE. Suzie Linton Kirchner. Joyce Media, 1974. 74 pp.
q419 S126	SIGN LANGUAGE FOR EVERYONE. Jeanne Huffman. Joyce Media, 1975. 217+ pp.
419 Su55S	A SHOW OF HANDS; SAY IT IN SIGN LANGUAGE. Mary Beth Sullivan. Addison-Wesley, 1980. 96 pp.
q419 T139	TALK WITH ME; COMMUNICATION WITH THE MULTI-HANDICAPPED DEAF. Jeanne Huffman. Joyce Media, 1975. 271+ pp.
920 B727N	NOTABLE DEAF PERSONS. Gilbert C. Braddock. Gallaudet College, 1975. 210 pp.
*	AUDITORY HANDICAPS AND READING; AN ANNOTATED BIBLIOGRAPHY. Leo D. Geoffrion. International Reading Association, 1980. 56 pp.

* = uncatalogued monograph

BOOKS FOR CHILDREN & YOUNG ADULTS ON HEARING IMPAIRMENTS

Baker, Margaret. THE SAND BIRD. Nelson, 1973. 158 pp.

Charlip, Remy. HANDTALK: AN ABC OF FINGER SPELLING & SIGN LANGUAGE. Parents' Magazine, 1974. pp.

Corcoran, Barbara. A DANCE TO STILL MUSIC. Atheneum, 1974. 192 pp.

Glazzard, Margaret H. MEET CAMILLE AND DANIELLE, THEY ARE SPECIAL PERSONS. H & H Enterprises, 1978. 53 pp.

Harris, Rosemary. THE BRIGHT AND MORNING STAR. Macmillan, 1972. 254 pp.

Johnston, Catherine Eddy. I HEAR THE DAY. Merriam-Eddy, 1977. 46 pp.

Levine, Edna S. LISA AND HER SOUNDLESS WORLD. Human Sciences, 1974. pp.

Ogan, Margaret. WATER RAT. Funk & Wagnalls, 1970. 118 pp.

Peter, Diana. CLAIRE AND EMMA. John Day, 1977. pp.

Peterson, Jeanne Whitehouse. I HAVE A SISTER, MY SISTER IS DEAF. Harper & Row, 1977. pp.

Robinson, Veronica. DAVID IN SILENCE. Lippincott, 1966. 126 pp.

Smith, Vian. MARTIN RIDES THE MOOR. Doubleday, 1974. 181 pp.

Spence, Eleanor. THE NOTHING PLACE. Harper & Row, 1972. 228 pp.

Sullivan, Mary Beth. A SHOW OF HANDS; SAY IT IN SIGN LANGUAGE. Addison-Wesley, 1980. 96 pp.

Wolf, Bernard. ANNA'S SILENT WORLD. Lippincott, 1977. 48 pp.

Woods, Hubert C. CHILD OF THE ARCTIC. Follett, 1962. 173 pp.

AGENCIES SERVING PEOPLE WITH HEARING IMPAIRMENTS

Arizona State School for the Deaf & Blind
(ASDB)
1200 W. Speedway
Tucson, AZ 85703
628-5282 [deaf education]

Center for Hearing Impaired Children (CHIC)
3939 E. Glenn
Tucson, AZ 85712
327-4931

Community Outreach Program
for the Deaf
(COPD)
268 W. Adams
Tucson, AZ 85705
792-1906
792-1437 (TTY)

Greater Tucson Advisory Council
for the Deaf
268 W. Adams
Tucson, AZ 85705
792-1906 (LEAVE MESSAGE)

Tucson Hearing Society
c/o 1591 N. Miracle Mile #707
Tucson, AZ 85705
623-7426

Alexander Graham Bell Association
for the Deaf
3417 Volta Place, NW
Washington, DC 20007
(202) 357-5220

Registry of Interpreters for the Deaf
Box 1339
Washington, DC 20013
(202) 544-2884

National Center for Law & the Deaf
Gallaudet College
7th & Florida, NE
Washington, DC 20002
(202) 447-0445

National Association of the
Deaf
814 Thayer
Silver Spring, MD 20910
(301) 587-1788 (voice or TTY)

SIMULATED HANDICAPS - HEARING IMPAIRMENT

1. Use an unfair hearing test. Use the following words:

* fill
* catch
* thumb
* heap
* wise
* wedge
* fish
* show
* bed
* juice

You can either play a cassette which gives these words (simulating different degrees of hearing loss) or you can walk around the room making noise and covering your mouth. The Special Needs Collection has the cassette which you are welcome to borrow. I usually just use the first segment of the cassette. Have the participants number the page from 1-10. Tell them it is a spelling test and that the words will not be repeated, do the best they can. Go over the words and see how many got all ten right. I would be surprised if anybody does. You can vary this by asking them to put cotton in their ears. This simulates a bone conduction loss.

If you put a handkerchief over your mouth (gangster style) and read the same words (or pick more on your own), or use another segment of the cassette, this would simulate a sensorineural loss.

If you can find a radio station which transmits a lot of static (not hard to find in Tucson), this would simulate improperly fitting or damaged hearing aids.

To help focus on the use of visual cues, do some lipreading and try some sign language. The participants must watch your face/hands in order to understand you. If you turn around or cover your face they will not be able to understand you. Bring out this point and a few others: look at the person who has a hearing impairment when you talk to him. Don't turn around or hide your face. Use emotions - don't have a bland face. Don't have anything in your mouth when you talk. DON'T SHOUT! DON'T TALK REALLLLLLL SLLLLLLLLLLOW! DON'T USE BABY TALK. If you do some signs, show how real sign language actually includes gestures that people may already know. Give everyone a name sign by taking the letter of their first name and doing a motion which helps to illustrate the person, e.g. if the person's name is "Mary" make an "m" sign and if Mary likes to read then make the sign for book but instead of using two b's, use two m's. Understand?

Always discuss with participants how they felt in doing the exercises. This goes for any of the exercises for any of the disabilities. What problems did they have in communicating with you? Did they get frustrated? Did they tune-out? Ask what you could have done to improve the communication process.

There's more!

In the Special Needs Collection there are two games which can be used by kids and even adults. One is called "Keep Quiet!" which is dice with manual alphabet and you have so much time to make a word. NO TALKING!!

Also there is a series of flash cards which could be used to play "GO FISH."

You can assign each person a name sign by telling him/her to use the first letter of his/her name and make some kind of gesture with it which might describe him/her. It should be done somewhere between the upper chest and head. For example, if the person has long hair and her name is Brenda, she would make a "b" sign and have the sign start at the side of her head near the top and move down perhaps to her shoulders. This would be Brenda's "name sign." When each person in the group has a name sign, call on the person (using sign language of course!) and have the person respond in a full sentence using his/her name sign.

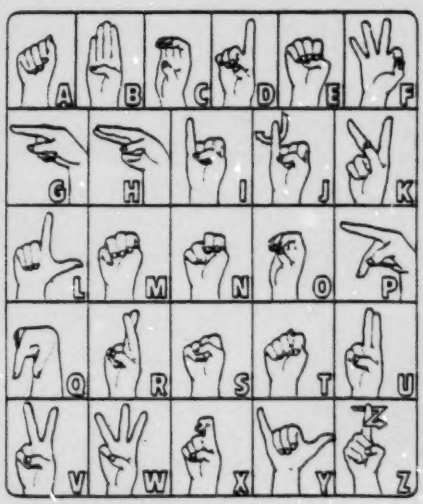
You can also practice fingerspelling the person's name and/or ask sentences using this method.

102 LIBRARY SURVIVAL SIGNS

Arranged by Betty E. Bray

BASIC LIBRARY SIGNS—FOR USE BY:

LIBRARIANS
TEACHERS
STUDENTS
COUNSELORS
ADMINISTRATORS
PARENTS
FRIENDS
RELATIVES
NEIGHBORS
VOLUNTEERS



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Joyce Media, Inc.
8753 Shirley P.O. Box 4440
Northridge, CA 91328
(213) 885-7181 (TTY & VOICE)

Sign Language Catalog available for the asking

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LEARNING DISABILITIES

WHAT ARE LEARNING DISABILITIES?

Depending upon whom you talk to, there are different terms used for learning disabilities: perceptually or neurologically handicapped, minimal brain damage or dysfunction. Basically have a learning problem is having average or above-average I.Q. and special difficulty with one or more of these:

* reading
* writing
* arithmetic
* spelling
* remembering what you see or hear
* coordination
* paying attention
* sitting still
* understanding the rules of the game
* making others understand what you are saying
* controlling yourself (you may want to but can't)
* getting the main point of what you read or hear
* ability to organize

I'm sure most of you can find deficits in yourself in at least one of these areas. Remember that learning is a multi-sensory phenomenon. Some people learn through their visual modality, some through the auditory. Some need to be shown, some can follow verbal directions. Some need to physically copy to get the "feel" for the activity. A person with a learning disability may not be able to follow verbal directions, but could follow if the directions were written down.

Learning disabilities seem to affect boys more than girls and the cause is unknown. Sometimes it is difficult to diagnose a child with a learning disability, and he can wind up with a label that is neither necessary nor accuarate. Learning disabilities ARE NOT THE SAME as mental retardation.

Learning disabilities are not something you outgrow. There are adults who have learning disabilities who have gone to college or are working but may still not be able to read. Did you know that Einstein, Nelson Rockefeller and Winston Churchill all had learning disabilities?

A learning disability is an invisible handicap. You cannot tell when a patron comes into the library that he has a learning disability. If a patron is hyperactive, treat him as you would any other patron. Give positive reinforcement and be consistent. Structure is important.

Since reading can definitely be a problem, the high interest/low reading books could be useful as well as a heavier emphasis on magazines (with photographs) and media (video, filmstrips, etc.) Also, those people who are clinically diagnosed as having DYLSEXIA (inability to read) can qualify to receive talking books. The application must be signed by the patron's physician, however, before we can give out any equipment.

LEARNING DISABILITIES TIPS (2)

When doing a program in which children or adults who have learning disabilities might attend, it is virtually impossible to plan ahead and accommodate each person's deficiency. If you know in advance that a person is interested in a program and that person has a learning disability, you could tell the person exactly what will happen during the program. The person can then decide for himself if he wishes to attend or not -or- if changing the program slightly (no notice to the rest of the audience) will greatly enhance his enjoyment and appreciation of the program.

When working with children, be sure to give simple directions. Be aware of those signs of bewilderment if you ask a question or give a direction. Sometimes you have to reword it or possibly change your approach. Write it down instead of verbalizing (or vice versa) or demonstrate the activity first. When doing a storytime with children (especially if all the children have learning disabilities) GET THE CHILDREN INVOLVED. Don't make it a passive program. When the kids are active it improves the chances of their being attentive.

PROFESSIONAL READINGS ON LEARNING DISABILITIES

371.9 F534p	PARENTS' GUIDE TO LEARNING DISABILITIES. Scribner's, 1978. 157 pp.
j371.9 H328t	THE TUNED-IN, TURNED-ON BOOK ABOUT LEARNING DISABILITIES. Marnell L. Hayes. Academic Therapy, 1974. 63 pp.
371.9 W125d	DYSLEXIA AND YOUR CHILD. Rudolph F. Wagner. Harper & Row, 1971, 1979. 212 pp.
371.9 OS51	LEARNING DISABILITIES: A FAMILY AFFAIR. Betty Osman. Random House, 1979. 224 pp.
371.92 ED83	THE EDUCATOR'S ENIGMA: THE ADOLESCENT WITH LEARNING DISABILITIES. Charles Strother. Academic Therapy, 1971. 57 pp.
371.92 H328o	OH DEAR, SOMEBODY SAID "LEARNING DISABILITIES!"; A BOOK FOR PARENTS AND TEACHERS. Marnell L. Hayes. Academic Therapy, 1975. 89 pp.
371.92 H398m	MAINSTREAMING THE CHILD WITH LEARNING DISABILITIES. Ferris O. Henson, II. Learning Concepts, 1976. 104 pp.
371.92 L65n	NO EASY ANSWERS: THE LEARNING DISABLED CHILD. Sally L. Smith. U.S. Dept. H.E.W., National Institute on Mental Health, 1978. 131 pp.
371.926 K862h	HIDDEN HANDICAP: HELPING THE MARGINALLY LEARNING DISABLED FROM INFANCY TO YOUNG ADULTHOOD. Judith Ehre Kranes. Simon and Schuster, 1980. 269 pp.
618.928 W482hy	HYPERACTIVE CHIL AND THE LEARNING DISABLED CHILD: A HANDBOOK FOR PARENTS. [new, rev. enlarged ed. of the Hyperactive Child] Paul H. Wender. Crown, 1978. 138 pp.
618.9289 H369	HELPING THE ADOLESCENT WITH THE HIDDEN HANDICAP. Academic Therapy, 1970. 151 pp.
u/c	STEPS TO INDEPENDENCE FOR PEOPLE WITH LEARNING DISABILITIES. Dale Brown. Closer Look, 1980. 48 pp.

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Blue, Rose. ME AND EINSTEIN: BREAKING THROUGH THE READING BARRIER. Human Sciences Press, 1979.

Brown, Roy. THE VIADUCT. Macmillan, 1967. 168 pp.

Corcoran, Barbara. AXE-TIME, SWORD-TIME. Atheneum, 1976. 204 pp.

Gilson, Jamie. DO BANANAS CHEW GUM? Lothrop, 1980.

Glazzard, Margaret H. MEET SCOTT: HE'S A SPECIAL PERSON. h & h Enterprises, 1978. 47 pp.

Hayes, Marnell L. THE TUNED-IN, TURNED-ON BOOK ABOUT LEARNING PROBLEMS. Academic Therapy, 1974. 63 pp.

Kraus, Robert. LEO THE LATE BLOOMER. Windmill, 1971.

Lasker, Jose. HE'S MY BROTHER. Whitman, 1974. 40 pp.

Matthews, Ellen. PUTTING UP WITH SHERWOOD. Westminster, 1980. 137 pp.

Pevsner, Stella. KEEP STOMPIN' TILL THE MUSIC STOPS. Seabury, 1977. 136 pp.

Smith, Doris Buchanan. KELLY'S CREEK. Crowell, 1975. 71 pp.

AGENCIES SERVING PEOPLE WITH LEARNING DISABILITIES

Association for Children & Adults
with Learning Disabilities
Tucson Chapter
52 W. Oro Pl.
Tucson, AZ 85704
742-2386

Behavior Associates
c/o Esther Hanson
5212 E. 7th
Tucson, AZ 85711
745-1531

Association for Children & Adults with
Learning Disabilities
4156 Library Road
Pittsburgh, PA 15234
(412) 341-1515

Orton Society
8415 Bellona Lane
Suite 113
Towson, MD 21204
(301) 296-0232

SIMULATED HANDICAPS - LEARNING DISABILITIES

1. One very frustrating activity is to break up the group into teams of two. Divide the team so that each twosome is divided by separator. They can't see each other but they can hear. Person #1 gets a picture and must proceed to describe it to Person #2 who has to draw it exactly like the original. You can't say: "Draw a small ice cream cone or a duck or a square." You can't mention what the object is. We are now dealing with the abstract. Time the effort and give about five minutes for person #2. Then switch and let person #1 have a go at it.

2. Another similar activity for cognitive deficits is to use progressive matrices available through the Special Needs Service. Each person gets the same page and tries to fiture out which box has the right answer based on six preceeding boxes. You can make a contest out of it since the last one to finish (or maybe the person never gets it) should have a different outlook on the exercise compared to the person who finishes first.

3. To illustrate dyslexia, reversals, substitutions, omissions, you can put on a board or pss out paragraphs which show examples of these problems. Listen to how long it takes people to read them and ask for comprehension. What happened in that paragraph? Again ask the rest of the group how they felt when one person chosen to read took about 10 minutes to get through a few sentences. Were they bored? Angry? Turned off? Did the reader feel tense? Anxious?, etc.

   Here are some examples, others are available:

   I a know little cupboard
   with teeny a key tiny
   and there's jar a lollpops of
   for me, me, me.

   It a has little my, shelf dear
   as dark as dark be can,
   and there's dish Banbury of Cakes
   for me, me, me.

   I have a small grandmama
   with very a knee slippery
   and keeper she's of cupobard the
   with the key, key, key.

   [syntax or the reversal of words in a sentence]

The strom came pu os ve:y quikc
it couldn't haev been quikcre
I should have rbought ym aht along
I hsould haev rbought ym lsikcre.

Ym hari si wet ym feet are wte
I couldn't eb muhc wettre
I fell niot à rivre once
Btu thsi si even bettre.

[transposition or disorders of visual sequence]

HRƎɿ I OG NI YM SWGIN
ƎƎVЯ HIGH ƧO

I MAꓘING HTƎ ƎHO HTƎ ƎIƎQIS
AИd HTƎ ꓘIИ G
OϤ HƎ T TWOИ

[reversals, inversions, rotations and all of the above]

4. You could also take a mirror and have the person trace geometric shapes by ONLY LOOKING IN THE MIRROR. The distortion of the direction will probably make most people's tracings look very spasmodic and shaky.

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MENTAL RETARDATION

WHAT IS MENTAL RETARDATION?

Before I say what it is, IT IS NOT MENTAL ILLNESS. Too often the two were (and still are) confused because many people conjure up images of crazy people in institutions. Mental retardation is not a disease nor is it contagious. There is a vast difference between the two disabilities. Consider these comparisons:

MENTAL RETARDATION	MENTAL ILLNESS
usually lifelong	can be temporary
occurs at or near birth	occurs mostly in early adult and middle years
characterized by impaired intellectual development	does not necessarily interfere with strictly intellectual abilities
may be treated through educational techniques and therapy but NOT cured	often can be cured by counseling, medication, and surgery

The official AAMD definition as it exists states: "A person is mentally retarded if he has significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period."

Being mentally retarded doesn't mean stupid or crazy. It could mean slow-to-learn. It could mean poor coordination or discrimination. Recall the above definition says subaverage NOT subhuman.

There are over 200 known causes of mental retardation and a sizable number of unknown causes. Causes include the usual congenital defects, mutations, maternal illness, poor prenatal care, birth injury. It can also be caused by lead poisoning, malnutrition and even insufficient stimulation (social or cultural retardation).

About 89% of all persons who are mentally retarded can lead active, productive and independent lives. Most of these people are already living in the community. There are about six million persons who are mentally retarded in the United States, or about 3% of the population.

There are four degrees of mental retardation: mild, moderate, severe and profound. Notice I didn't say: idiot, cretin, moron, imbecile. Those went out with '57 Chevys. Here is a very general idea of what these different degrees imply:

MILD - children learn academic and prevocational skills with some special training and adults live and work in the community and may not be easily identified as mentally retarded.

MODERATE - children learn functional academic skills and can be independent in familiar surroundings and adults can perform semiskilled work under sheltered conditions and may attain competitive employment.

SEVERE - children can talk or learn to communicate and can care for personal needs, and adults can contribute to self-maintenance with supervision in work and living conditions.

PROFOUND - children may have slow motor development but can be taught basic self-care skills; and adults have some communication skills, care for basic needs and perform highly structured work activities.

These definitions are broad and do not automatically include every person with the I.Q. which falls in each range. People who are profoundly retarded can put together bike brakes and electronic circuit boards and do so with less than a 1% error rate. Many people who are retarded can read. Not all people who are retarded "look funny." The most common form of mental retardation is DOWN'S SYNDROME which is an oriental looking face with almond eyes, flat nose, usually on the plump side with very thin hair and a large tongue. You may have heard people with Down's Syndrome referred to as being "mongoloids" but this word is now passé so please do not use it. If you think Down's Syndrome means severe retardation, I suggest you read the book: The World of Nigel Hunt and take a look at the videocassette, "David," both available through the Special Needs Service.

So how do you serve a patron who is retarded? Everything said so far applies: look directly at the person, talk to the person not someone he is with. Speak at an intellectual level YOU are comfortable with and if the person doesn't understand-change it, make it simpler, talk slower if necessary. If the person is acting inappropriately, deal with the situation as it happens and do what you would for anyone else. Be firm. Be fair. Be consistent. Do not be condescending. Remember if an adult comes in asking for a book on sexuality and he also happens to be retarded, don't automatically assume the person is a nonreader and can't understand anything. For heaven's sake, please don't ship the adult over to the children's room! Do your reference interview and try to find out exactly what the patron wants. If the Joy of Sex is what he wants, then try to find a copy. Usually illustrations or photographs will be understood. Also, don't give special favors. If a book is lost or late - charge or fine the person. You can work out nitty gritty items like charging less if the person cannot pay too much or paying on the "installment plan" but follow general library policy if you can. You let other patrons work out their fines so do the same for the patron who is retarded.

Don't be ashamed to tell a person who is retarded that you are busy and can't help him at the moment. Some people, retarded or otherwise, can be very manipulative and want to dominate your time. If you allow this to happen once, the chances of it being repeated increase. Also, remember that many people who are retarded tend to be very physical (want to touch, hug, kiss). If you don't mind this, perhaps it's o.k. Personally, I try to keep it in perspective. Would you allow a total stranger (not retarded) to come up and kiss and hug you? If you wouldn't, then don't let a person who is retarded do it either. If you know the person, then I guess it's o.k. If you absolutely don't want the person to touch you then tell the person firmly but nicely (e.g. "I don't like to be hugged," ("I don't know you well enough to kiss you," "Please don't do that, it's

not appropriate," etc.) WATCH OUT FOR MANIPULATION!

Some people who are retarded can read. The levels vary so the HILRL books would be helpful. Also material on community living skills, e.g. transportation, paying bills, buying clothes, cooking, finding a job, nutrition, etc., on a 2.0 or 2.5 reading level would be helpful. Magazines with color or black & white clear photographs would be helpful as well as audiovisuals. You may need to explain a few times how to use the COM CAT or rules of the library, but after a while, the person will learn. Don't always do things for the patron. Give him "dignity of risk" and allow him to fail at the task. We all learn by our mistakes. It may take a few minutes more now but later it may save you time and give someone a chance to be more independent.

The kinds of programs you provide would be appropriate for many people who are retarded. The biggest problem for people in group homes especially is transportation, getting to the library and knowing what is going on. If you could be aware of the group homes and agencies in your catchment area (forgive the lecture), you could send out an announcement or telephone them and keep them informed about the library programs at your branch.

Some persons who are retarded may be verbal at inappropriate times or "act out" which simply means throwing a temper tantrum. Aggression of this type is not malicious but is a way of communication for that person. Usually a person who acts out is with a responsible adult who would handle the discipline. Without touching of any kind or display of physical force, you could also try to get the person back to an appropriate state. Follow the procedures for problem patrons. If you absolutely need help in handling a patron who is alone (and you know where the patron lives), perhaps you might call the parent or houseparent to request assistance. I don't want to scare you - only give you options. Just remain calm and don't think the worst of a person.

When doing a program for children, I like to include activities which are peer related, i.e. ask a child to help another child which builds self-esteem, whether the audience is integrated (disabled/nondisabled) or not. Work on basic concepts whether it is part of the program or not. Draw in the community and real world wherever possible. For example, if you were to read Green Eggs and Ham, talk about what they ate for breakfast. When you do eat breakfast? Where do eggs come from? How much do eggs cost? What else can you eat for breakfast?, etc. Working on expressive/receptive language and social skills is most important.

PROFESSIONAL READINGS ON MENTAL RETARDATION

346.73013 F914R	THE RIGHTS OF MENTALLY RETARDED PERSONS: THE BASIC ACLU GUIDE TO A MENTALLY RETARDED PERSON'S RIGHTS. Paul R. Friedman. Avon, 1976. 186 pp.
q362.2 P431N	NEW LIFE IN THE NEIGHBORHOOD: HOW PERSONS WITH RETARDATION OR OTHER DISABILITIES CAN HELP MAKE A GOOD COMMUNITY BETTER. Robert Perske. Abingdon, 1980. 77 pp.
362.3 AM13R	THE RIGHTS OF THE MENTALLY RETARDED - DEVELOPMENTALLY DISABLED TO TREATMENT AND EDUCATION. Issam B. Amary. Charles C. Thomas, 1980. 196 pp.
362.3 AT88R	RETARDED CHILDREN: ANSWERS TO QUESTIONS PARENTS ASK. Arthur Attwell. Western Psychological Service, 1975. 139 pp.
362.3 L991M	MARY FRAN AND MO. Maureen Lynch. ST. Martin's, 1979. 169 pp.
362.3 M145M	MOOSE: A VERY SPECIAL PERSON. W. Scott MacDonald. Winston, 1978. 200 pp.
362.3 M576L	LIKE NORMAL PEOPLE. Robert Meyers. McGraw-Hill, 1978. 203 pp.
q362.3 UN3ML	MENTAL RETARDATION: THE LEADING EDGE: SERVICE PROGRAMS THAT WORK. President's Committee on Mental Retardation, 1978. 76 pp.
362.783 D757	DOWN SYNDROME: GROWING AND LEARNING. Siegfried M. Pueschel. Sheed, Andrews & McMeel, 1978. 173 pp.
q371.9282 F16M	MAINSTREAMING THE MENTALLY RETARDED CHILD. A. Lee Parks. Learning Concepts, 1976. 128 pp.
616.858842 T55	TO GIVE AN EDGE: A GUIDE FOR NEW PARENTS OF DOWN SYNDROME (Mongoloid) CHILDREN. J. Margaret Horrobin. Colwell Press, 1974. 96 pp.
*	GROWING BY PARTICIPATING IN COMMUNITY RECREATION EXPERIENCES: A GUIDE FOR PARENTS. National Institute on Mental Retardation, 1978. 50 pp.

* = uncatalogued monograph

BOOKS FOR CHILDREN & YOUNG ADULTS ON MENTAL RETARDATION

Baldwin, Anne Norris. A LITTLE TIME. Viking, 1978. 119 pp.

Bridgers, Sue Ellen. ALL TOGETHER NOW. Knopf, 1979. pp.

Brightman, Alan. LIKE ME. Little, Brown, 1976. pp.

Brown, Roy. ESCAPE THE RIVER. Seabury, 1972. 160 pp.

Byars, Betsy. THE SUMMER OF THE SWANS. Viking, 1970. 142 pp.

Carpelan, Bo. BOW ISLAND. Delacorte, 1971. 140 pp.

Carpelan, Bo. DOLPHINS IN THE CITY. Delacorte, 1976. 145 pp.

Christopher, Matt. LONG SHOT FOR PAUL. Little, Brown, 1966. 151 pp.

Cleaver, Vera. ME TOO. Lippincott, 1973. 158 pp.

Cummings, Betty Sue. LET A RIVER BE. Atheneum, 1978. 195 pp.

Friis-Baastad, Babbis. DON'T TAKE TEDDY. Scribner's, 1967. 218 pp.

Garrigue, Sheila. BETWEEN FRIENDS. Bradbury, 1978. 160 pp.

Glazzard, Margaret H. MEET LANCE: HE'S A SPECIAL PERSON. H & H Enterprises, 1978. 43 pp.

Grollman, Sharon Hya. MORE TIME TO GROW. Beacon, 1977. 98 pp.

Hanlon, Emily. IT'S TOO LATE FOR SORRY. Bradbury, 1978. 222 pp.

Holman, Felice. A YEAR TO GROW. Norton, 1968. 100 pp.

Hunt, Irene. UP A ROAD SLOWLY. Follett, 1966. 192 pp.

Hunt, Nigel. THE WORLD OF NIGEL HUNT. Garrett, 1967. 128 pp.

Larsen, Hanne. DON'T FORGET TOM. A & C Black, 1974. pp.

Little, Jean. TAKE WING. Little, Brown, 1978. 176 pp.

Long, Judy. VOLUNTEER SPRING. Dodd, Mead, 1976. 126 pp.

Mayerson, Evelyn. SANJO. Lippincott, 1979. 274 pp.

Mazer, Harry. THE WAR ON VILLA STREET. Delacorte, 1978. 146 pp.

O'Daniel, Janet. A PART FOR ADDIE. Houghton Mifflin, 1974. 230 pp.

Olminsky, Elaine. JON O: A SPECIAL BOY. Prentice-Hall, 1977. pp.

Rinaldo, C.L. DARK DREAMS. Harper, 1974. 154 pp.

BOOKS FOR CHILDREN & YOUNG ADULTS ON MENTAL RETARDATION (2)

Shyer, Marlene Fanta. WELCOME HOME JELLYBEAN. Scribner's 1978. 152 pp.

Slepian, Jan. THE ALFRED SUMMER. Macmillan, 1980. 119 pp.

Smith, Gene. THE HAYBURNERS. Delacorte, 1974. 64 pp.

Sobol, Harriet Langsam. MY BROTHER STEVEN IS RETARDED. Macmillan, 1977. 26 pp.

Walker, Pamela. TWYLA. Prentice-Hall, 1973. 125 pp.

Wrightson, Patricia. A RACECOURSE FOR ANDY. Harcourt, Brace, 1968. 156 pp.

AGENCIES SERVING PEOPLE WHO ARE MENTALLY RETARDED

Association for Retarded Citizens - Pima Unit
(ARC - Pima Unit)
2001 W. Orange Grove
Suite 266
Tucson, AZ. 85704
297-2553

Beacon Foundation
25 E. Drachman
Tucson, AZ. 85705
623-3454

Tucson Unified School District #1
Urquides School
1501 W. Ajo Way
Tucson, AZ. 85713
791-5149

Gump School
1705 N. Sahuara
Tucson, AZ 85712
791-5166

Howenstine School
555 S. Tucson Blvd.
Tucson, AZ. 85716
791-5114

Division of Developmental Disabilities
District II
P.O. Box 13178
4400 E. Broadway, 7th floor
Tucson, AZ. 85732-3178
745-5588 Ext. 306

Los Trepadores
6920 E. Broadway Suite B
Tucson, AZ 85710
886-4164

Pima Council on DD
738 N. 5th
Tucson, AZ 85705
884-7810 x25

National Association for
Retarded Citizens
(NARC)
2501 Avenue J
Arlington, TX 76001
(817) 640-0204

American Association on
Mental Deficiency
(AAMD)
5101 Wisconsin Avenue, NW
Washington, DC 20016
(202) 686-5400

Association for the Severely
Handicapped (TASH)
7010 Roosevelt Way, NE
Seattle, WA 98115
(206) 523-8446

President's Committee on
Mental Retardation
(PCMR)
7th & D Streets, SW
Washington, DC 20201
(202) 245-7634

SIMULATED HANDICAPS - MENTAL RETARDATION

1. To experience a learning task where the level of difficulty is high, try this neat little demonstration:

   Give each person a square piece of paper (maybe 6" square) and tell them you will read the directions but only say it once so pay attention. Proceed to read the directions and observe their attempts to follow. When you finish, ask if anyone made a paper cup. More likely than not, no one will. Then start again and do it step by step, in your own words, very simply and slowly and see if everyone makes the cup. The point is: we all learn at different rates and again through different modalities. Some people need the activity demonstrated before they can do it.

   Here are the directions: FOLD THIS SQUARE PIECE OF PAPER IN TWO ALONG THE DIAGONAL. YOU NOW HAVE A TRIANGLE. (pause) MARK A POINT ON THE DIAGONAL AT 1/3 THE DISTANCE STARTING FROM THE LEFT ANGLE, AND ANOTHER AT THE MIDDLE OF THE TRIANGLE'S LEFT SIDE. FOLD THE LEFT ANGLE ALONG THE LINE BETWEEN THE TWO POINTS SO THAT THE LEFT ANGLE REACHES TOWARDS THE RIGHT SIDE - (pause) NOW DRAW A POINT AT THE MIDDLE OF THE RIGHT SIDE, DRAW ANOTHER POINT AT 1/3 THE DIAGONAL STARTING FROM THE ANGLE OF THE RIGHT, DRAW A LINE BETWEEN THOSE TWO POINTS, AND FOLD ALONG THE LINE YOU HAVE JUST DRAWN - (pause). IN ORDER TO FINISH THE CUP, SEPARATE THE TWO ANGLES OF PAPER AT THE TOP OF THE OLD TRIANGLE ON EACH SIDE OF THE CUP. OPEN THE CUP.

   You may wish to comment negatively if they complain or ask you to repeat, by saying, "O.K. I'll go slowly but pay attention," or If you were listening to me you could follow this."

   The most important feature is the breaking down of the steps or a task analysis. Did you know there were twenty-six steps in sharpening a pencil? We don't realize it because we take it for granted and can sequence and anticipate, but some people who are retarded cannot do this.

   If you have problems in making your own cup, give me a call.

2. Many people who are retarded also have multiply handicaps such as cerebral palsy, learning disabilities, deafness or visual impairment. The activities under these subjects and also under physical disabilities will also be useful.

3. To understand better the feelings of aggression which many people who are retarded "seem" to exhibit try this exercise.

   Have people pair off. The directions are simple. Person A has something which Person B wants. Person B gets about one minute to try and get whatever it is he wants. It doesn't matter whether Person A and Person B's wants are different. They do not ask directly for the item (i.e. give me the book, etc.) They just use whatever ways they can think of to get Person A to give it to them. Person A however, will not give it up, no matter

what happens. After the minute tell them to stop. Switch. Now Person B has it and Person A wants it. Same thing for one minute. Now after the minute, stop and give new directions. Person A has it again but this time Person B will ask for it WITHOUT SPEAKING!!! Person B can do anything to get what he wants but no speaking, no signing or fingerspelling. Person B must find other ways to communicate. This time give them about 90 seconds. Stop. Switch. Do the same thing. Then discuss it. You observe each dyad and look for behaviors and speech or communication patterns which may be bizarre or interesting. You may notice that the first time, people will ask, beg, bargain, threaten, and mostly just use their voices and facial expressions, some body language and some touching. When speech isn't allowed, you will probably see hitting, rocking, foot stamping, hand smacking, angry looking faces, bodies forward. Maybe some crying, perhaps grunts and groans will also be seen.

The obvious point is that when a person wants something but cannot communicate his needs to another person, he gets frustrated and communicates in the only way open to him. It may mean getting angry but it is not a malicious unstable aggression. As frustrating as it is for the person who is trying to understand you, he can just walk away and shrug his shoulders while you (the retarded person) are still stuck with the realization that no one is giving you what you are desperately trying to get.

Be sure to ask each person how he/she felt being on both sides of the communication process.

Richie Mercado has a good job and his own apartment. Is this your idea of a retarded person?

President's Committee on Employment of the Handicapped Washington, D.C. 20210
The School of Visual Arts Public Advertising System

DEVELOPMENTAL DISABILITIES COLLECTION

Normalization

"*Normalization means* . . . A normal rhythm of the day.
You get out of bed in the morning, even if you are
Profoundly retarded and physically handicapped;
You get dressed,
And leave the house for school or work,
You don't stay home;
In the morning you anticipate events,
In the evening you think back on what you have accomplished;
The day is not a monotonous 24 hours with every minute endless.

You eat at normal times of the day and in a normal fashion;
Not just with a spoon, unless you are an infant;
Not in bed, but at a table;
Not early in the afternoon for the convenience of the staff.

Normalization means . . . A normal rhythm of the week.
You live in one place,
Go to work in another,
And participate in leisure activities in yet another.
You anticipate leisure activities on weekends,
And look forward to getting back to school
Or work on Monday.

Normalization means . . . A normal rhythm of the year.
A vacation to break routines of the year.
Seasonal changes bring with them a variety
Of types of food, work, cultural events, sports,
Leisure activities.
Just think . . . We thrive on these seasonal changes!

Normalization means . . . Normal developmental experiences
Of the life cycle:
In childhood, children, but not adults go to summer camps.
In adolescence one is interested in grooming, hairstyles,
Music, boy friends and girl friends.
In adulthood, life is filled with work and responsibilities.
In old age, one has memories to look back on, and can
Enjoy the wisdom of experience.

Normalization means . . . Having a range of choices,
Wishes, and desires respected and considered.
Adults have the freedom to decide
Where they would like to live,
What kind of job they would like to have, and can best perform.
Whether they would prefer to go bowling with a group,
Instead of staying home to watch television.

Normalization means . . . Living in a world made of two sexes.
Children and adults both develop relationships with
Members of the opposite sex.
Teenagers become interested in having
Boy friends and girl friends.
Adults may fall in love, and decide to marry.

Normalization means . . . The right to normal economic standards.
All of us have basic financial privileges, and responsibilities,
Are able to take advantage of
Compensatory economic security means,
Such as child allowances, old age pensions, and
Minimum wage regulations.
We should have money to decide how to spend;
On personal luxuries, or necessities.

Normalization means . . . Living in normal housing
In a normal neighbourhood.
Not in a large facility with 20, 50, or 100 other people
Because you are retarded,
And not isolated from the rest of the community.
Normal locations and normal size homes will give residents
Better opportunities for successful integration
With their communities."

— *Bengt Nirje*

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PHYSICAL DISABILITY

WHAT IS A PHYSICAL DISABILITY?

Through illness, injury or accident at birth, a person can lose the use of a part of his body. This is a physical disability. Some people lose the use of more than one part and may be considered multiply handicapped. The most common physical disabilities include blindness, deafness, paraplegia, quadraplegia, cerebral palsy. There are hundreds of other diseases or illnesses which cause disability such as multiple sclerosis, muscular dystrophy, arthritis, diabetes, loss of a limb.

There are two major types of physical disabilities: those which affect the body but leave the person still ambulatory (able to walk) and those which are so severe as to make the person nonambulatory. Since I have discussed some of the disabilities mentioned above, I will concentrate on speech impairment, loss of limb and nonambulation, especially people who use wheelchairs.

There are many kinds of speech impairment from a mild form of stuttering all the way to aphasia which can be a total loss of the ability to communicate. If a person comes into the library and you do not understand her, the first thing to do is ask the patron to repeat what she said. Be honest, and if you still don't understand after one or two more repeats, then ask the patron to write it down if she can. If this still doesn't work, try a combination guessing game and "show me" approach but remember since she is in the library, you can narrow the request down a bit. Nothing special needed for your collection or for your programming.

Persons who have lost limbs may or may not use a prosthesis. Not everyone has a myelectronic arm like Chuck Hathaway. There should be no special attention given to patrons with missing limbs. If you wish to shake someone's hand and the right hand is missing, shake the left hand or shake the person's prosthesis. It isn't Captain Hook. Unless the person requests help, leave her alone in the library and don't worry about her. Nothing special to do or provide.

Persons who are nonambulatory may or may not also have problems with their upper bodies Some people who have quadraplegia may be able to use their upper bodies Your library should be as barrier free as possible all the way from the parking lot to the bathroom and the stacks. Keep your aisles as wide and clear as possible. If you notice anyone parking in the handicapped parking spaces outside, slip a "ticket" under their windshield. The Tucson Commission on the Handicapped has free tickets which remind drivers (English & Spanish) not to park illegally or face a $25 fine. Please have some of these tickets on hand for staff use and even for patrons. Also make sure your handicapped parking spaces are clearly designated. Before you do any remodeling or changing of furniture in your library remember how it might affect someone in a wheelchair. Again, if a person needs help, she will ask for it. Don't assume a patron in a wheelchair needs assistance and don't assume she only wants information about disabilities. No special programs needed but some adaptive equipment might be nice. An automatic page turner or hand extenders or even a book stand might be helpful. Remember that physically handicapped people who cannot hold a book do qualify for the talking book service.

PROFESSIONAL READINGS ON PHYSICAL DISABILITIES

(many of the best texts are on the children/young adult list)

362.4
F495A — Finkelstein, Victor. 5 ATTITUDES AND DISABLED PEOPLE. World Rehabilitation Fund, 1980. 107 pp.

362.4
H132S — Hale, Glorya. THE SOURCEBOOK FOR THE DISABLED; AN ILLUSTRATED GUIDE TO EASIER MORE INDEPENDENT LIVING FOR PHYSICALLY DISABLED PEOPLE, THEIR FAMILIES AND FRIENDS. Paddington Press, 1979. 288 pp.

362.43
EA71j — Eareckson, Joni. JONI. Bantam, 1978. 178 pp.

362.43
K673H — Kleinfeld, Sonny. THE HIDDEN MINORITY: AMERICA'S HANDICAPPED. Little, Brown, 1977,1979. 213 pp.

362.7
C66S — Cohen, Shirley. SPECIAL PEOPLE; A BRIGHTER FUTURE FOR EVERYONE WITH PHYSICAL, MENTAL, AND EMOTIONAL DISABILITIES. Prentice-Hall, 1977. 177 pp.

q362.78
P598S — Pieper. Elizabeth. STICKS AND STONES; THE STORY OF A LOVING CHILD. Human Policy Press, 19??, 89 pp.

* — Corbet, Barry. OPTIONS: SPINAL CORD INJURY AND THE FUTURE. Hirshfeld Press, 1980. 152 pp.

* — DISABLED AMERICANS: A HISTORY. Performance, Nov-Dec, 1976/ Jan 1977. (now called Disabled USA)

618.927
Z62A — Ziebell, Beth. AS NORMAL AS POSSIBLE: A PARENT'S GUIDE TO HEALTHY EMOTIONAL DEVELOPMENT FOR CHILDREN WITH ARTHRITIS. Arizona Foundation, 1976. 60 pp.

* = uncatalogued monograph

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[GENERAL WORKS]

155.451 SU55F — Sullivan, Mary Beth. FEELING FREE. Addison-Wesley, 1979. 190 pp.

362.4 AD17L — Adams, Barbara. LIKE IT IS: FACTS AND FEELINGS ABOUT HANDICAPS FROM KIDS WHO KNOW. Walker, 1979. 96 pp.

362.4 ED74F — Edrington, Melva Jackson. FRIENDS. Instructional Dev. Corp., 1978. 68 pp.

j362.4 F77L — Forrai, Maria S. LOOK AT PHYSICAL HANDICAPS. Lerner, 1976. pp.

j362.4 K128W — Kamien, Janet. WHAT IF YOU COULDN'T...?: A BOOK ABOUT SPECIAL NEEDS. Scribner's, 1979. 83 pp.

j362.78 SI15W — Siegel, Dorothy Schainman. WINNERS: EIGHT SPECIAL YOUNG PEOPLE. Messner, 1978. 189 pp.

q649.5 K835S — Kolucki, Barara. SHARING THE STREET/ACTIVITIES FOR ALL CHILDREN. [Sesame Street] Community Education Services, 1978. 96 pp.

j796.48 H395S — Henriod, Lorraine. SPECIAL OLYMPICS AND PARALYMPICS. Franklin Watts, 1979. 66 pp.

j920 G281t — Gelfant, Ravina. THEY WOULDN'T QUIT: STORIES OF HANDICAPPED PEOPLE. Lerner, 1962. 54 pp.

* — CHALLENGE OF A HANDICAP: UNDERSTANDING DIFFERENCE/ ACCEPTING LIMITATIONS.

* — PEOPLE JUST LIKE YOU: ABOUT HANDICAPPED PEOPLE AND HANDICAPS, AN ACTIVITY GUIDE.

* — THE SEEING CIRCLE.

* — THE SNEELY-MOUTHED SNERDS AND THE WONDEROCTOPUS.

* — WARM SNUGGLIES AND COLD OUCHIES.

j920 L99C — Lyttle, Richard B. CHALLENGED BY HANDICAP: ADVENTURES IN COURAGE. Reilly & Lee, 1971. 160 pp.

* = uncatalogued monograph

BOOKS FOR CHILDREN & YOUNG ADULTS ON PHYSICAL DISABILITIES (2)

[INVOLVEMENT OF LIMBS]

Annixter, Jane. THE RUNNER. Holiday House, 1956. 220 pp.

Berry, Barbara J. JUST DON'T BUG ME. Follett, 1970. 125 pp.

Blume, Judy. DEENIE. Bradbury, 1973. 159 pp.

Brancato, Robin. WINNING. Knopf, 1977. 213 pp.

Brown, Fern G. YOU'RE SOMEBODY SPECIAL ON A HORSE. Whitman, 1977. 118 pp.

Courlander, Harold. SON OF THE LEOPARD. Crown, 1974. 55 pp.

Craik, Dina Maria Mulock. THE LITTLE LAME PRINCE. Grosset & Dunlap, 1948, 127 pp.

De Angeli, Marguerite. DOOR IN THE WALL. Doubleday, 1948. 120 pp.

Fanshawe, Elizabeth. RACHEL. Bradbury, 1977. pp.

Fassler, Joan. HOWIE HELPS HIMSELF. Whitman, 1975. pp.

Fitzgerald, John D. GREAT BRAIN. Dial, 1967. 175 pp.

Forbes, Esther. JOHNNY TREMAIN. Houghton Mifflin, 1942. 256 pp.

Friermood, Elisabeth Hamilton. LUCK OF DAPHNE TOLLIVER. Doubleday, 1961. 239 pp.

Garfield, Leon. SOUND OF COACHES. Viking, 1974. 256 pp.

Garst, Shannon. RED EAGLE. Hastings House, 1959. 145 pp.

Glazzard, Margaret H. MEET DANNY: HE'S A SPECIAL PERSON. H & H Enterprises, 1978. 47 pp.

Greenfield, Eloise. DARLENE. Methven, 1980 pp.

Griese, Arnold A. AT THE MOUTH OF THE LUCKIEST RIVER. Crowell, 1969. 65 pp.

Harnishfeger, Lloyd. PRISONER OF THE MOUND BUILDERS. Lerner, 1973. 141 pp.

Hodges, C. Walter. THE NAMESAKE. Coward-McCann, 1964 269 pp.

Holland, Isabelle, HEADS YOU WIN, TAILS I LOSE. Lippincott, 1973. 159 pp.

Hunter, Mollie. THE STRONGHOLD. Harper & Row, 1974. 259 pp.

Jones, Ron. THE ACORN PEOPLE. Bantam, 1977. 79 pp.

Lee, Robert C. IT'S A MILE FROM HERE TO GLORY. Little, Brown, 1972. 150 pp.

L'Engle, Madeleine. CAMILLA DICKINSON. Crowell, 1965. 282 pp. (also published as Camilla)

Ney, John. OX GOES NORTH: MORE TROUBLE FOR THE KID AT THE TOP. Harper, 1973. 274 pp.

Nourse, Alan E. THE BLADERUNNER. David McKay, 1974. 245 pp.

O'Dell, Scott. SING DOWN THE MOON. Houghton Mifflin, 1970. 137 pp.

Phelan, Terry Wolf. THE S.S. VALENTINE. Walck, 1966. 207 pp.

Robertson, Keith. ICE TO INDIA. Viking, 1955 224 pp.

Savitz, Harriet May. FLY, WHEELS, FLY! Hohn Day, 1970. 89 pp.

Savitz, Harriet May. THE LIONHEARTED. John Day, 1975 149 pp.

Savitz, Harriet May. ON THE MOVE. John Day, 1973. 144 pp.

Savitz, Harriet May. RUN, DON'T, WALK. Watts, 1979. 122 pp.

Shotwell, Louisa R. ROOSEVELT GRADY. World, 1963. 151 pp.

Sutcliff, Rosemary. WARRIOR SCARLET. Walck, 1966. 207 pp.

Witter, Evelyn. CLAW FOOT. Lerner, 1976 66 pp.

Wolf, Bernard. DON'T FEEL SORRY FOR PAUL. Lippincott, 1974. 94 pp.

[SPEECH IMPAIRMENTS]

Christopher, Matt. GLUE FINGERS. Little, Brown, 1975. 44 pp.

Friis-Baastad, Babbis. KRISTY'S COURAGE. Harcourt, Brace, 1965. 159 pp.

Green, Constance C. THE UNMAKING OF RABBIT. Viking, 1972. 125 pp.

Henry, Margeurite. KING OF THE WIND. Rand McNally, 1948. 175 pp.

Lee, Mildred. THE SKATING RINK. Seabury, 1969. 126 pp.

Platt, Kin THE BOY WHO COULD MAKE HIMSELF DISAPPEAR. Chilton, 1968. 216 pp.

Watson, Sally. OTHER SANDALS. Holt, Rinehart and Winston, 1966. 223. pp.

AGENCIES SERVING PEOPLE WITH PHYSICAL DISABILITIES

Arthritis Foundation
3833 E. 2nd Street
Tucson, AZ. 85711
326-2811

American Diabetes Association
Tucson Chapter
4500 E. Speedway, Suite 76
Tucson, AZ. 85711
795-3711

Arizona Association for the
Physically Disabled
c/o MILC
3333 E. Grant Road
Tucson, AZ. 85716
795-2893

Cystic Fibrosis Center
1501 N. Campbell
Tucson, AZ. 85724
626-7450

Disabled Adult Improvement Program
(DAIP)
4500 E. Speedway, Suite 88
Tucson, AZ. 85711
326-3356

Easter Seal Society
920 N. Swan
Tucson, AZ. 85711
795-7542

Metro Independent Living Center (MILC)
3333 E. Grant Road
Tucson, AZ. 85711
795-2893

Multiple Sclerosis Society
6420 E. Broadway Suite B505
Tucson, AZ. 85732
748-2700

Muscular Dystrophy Association
2020 N. Forbes, Suite 108
Tucson, AZ. 85705
884-9260

Speech & Hearing Center/UA
UA Speech Building
Tucson, AZ. 85721
626-1826 [SPEECH]
626-2209 [HEARING]

Spina Bifida Association of Southern Arizona
c/o Crippled Children's Clinic
2916 E. Broadway
Tucson, AZ. 85716
325-1571

American Speech & Hearing Association
10801 Rockville Pike
Rockville, MD. 20852
(301)-897-5700

National Association of the
Physically Handicapped
76 Elm Street
London, OH 43140
(614)-852-1664

National Spinal Cord Injury Foundation
369 Elliot Street
Upper Newton Falls, MA 02164
(617)-964-0521

Paralyzed Veterans of America
4330 East-West Highway, Suite #300
Washington, DC 20014
(202)-652-2135

(UA = University of Arizona)

SIMULATED HANDICAPS - PHYSICAL DISABILITIES

(You can use some of the same exercises from the other disabilities as well)

There are two basic areas affected when talking about physical disabilities: fine motor and gross motor. Fine motor involves the hands. Gross motor involves the large muscles and commonly refers to the arms and legs. Gross motor may mean walking slower, with crutches or a walker, having balance problems, or being in a wheelchair. Fine motor problems would include grasping and pincer movements which could make it difficult to write or to eat or dress.

1. FINE MOTOR INVOLVEMENT...

   Use mittens, gloves, masking tape, etc,and cover person's hands. Make sure person can't use his thumbs. Tape two fingers together. Use a sock also. Get person to write, pick up things, sort, sew, tie a shoe, turn a page of a book, change a cassette in a tape recorder, etc.

   You can also tie the dominant hand behind a person and make him do common things like button his shirt, tie a shoe, write a letter, take something out of an envelope or purse while standing. Watch for and encourage use of other parts of the body like shoulder, teeth, neck, etc. (other activities include picking up paper or coin money, cutting or folding paper)

   For children or adults who dare, get some index cards, pencils (unsharpened), coins, buttons, things that are flat and things that can be easily picked up. Put items on the floor (actually dump them on the floor) and have the courageous soul put the items into a wastebasket WITH HIS FEET ONLY! Time him and give him about 3 minutes to complete the task.

2. GROSS MOTOR INVOLVEMENT...

   The best activities are those which actually use canes, crutches, walkers, and wheelchairs. These can be borrowed from the Crippled Children's Clinic or other local agencies.

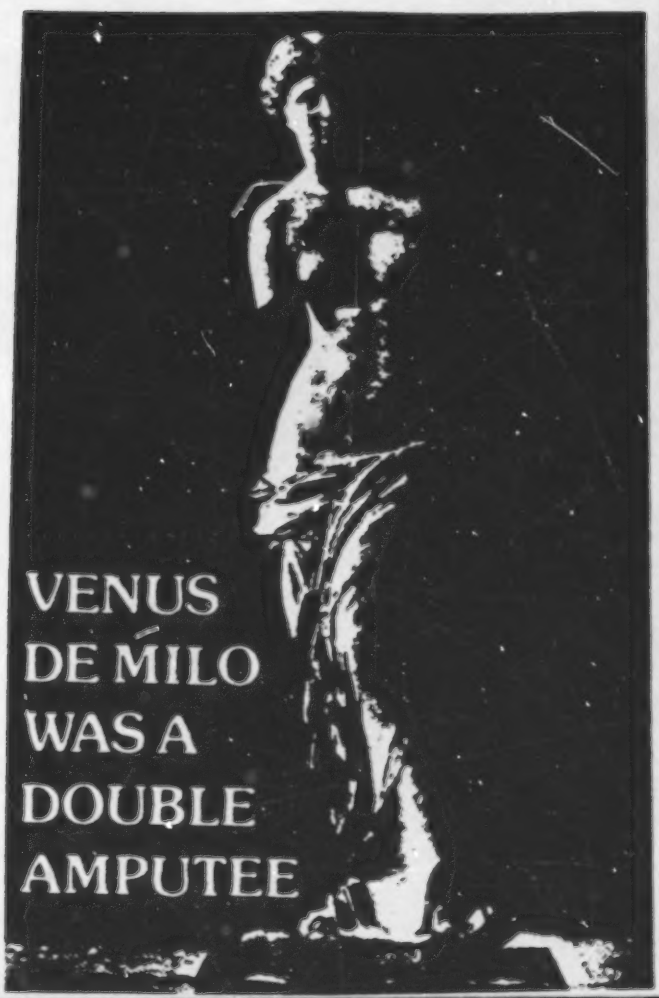
   Have a race with ambulatory and nonambulatory people (all must use some prosthesis). Tie someone's hand to his wheelchair leaving him only one hand to maneuver. Be sure to build some kind of obstacle course using round and square curves, bumps, maybe steps, narrow aisles, etc.

   One other activity which can be used for the person with perceptual handicaps who appears "clumsy" is to get a prism from an optical supply company or the U. Arizona Optical Sciences Dept. and make the person put the prism on his eyes (like glasses). You make an obstacle course of chairs (not in even rows, but haphazard) and he has to get himself through the maze. The facilitator will ask the person to count the number of fingers flashed (2, 3, etc.) and ask the participant to name them while attempting to walk through the maze. This is not an easy task.

SIMULATED HANDICAPS - PHYSICAL DISABILITIES (2)

The finger flashing keeps the participants' view and related perception at a high level of distortion, increasing frequency of chair bumps.

Follow up this activity by asking these questions: How did it feel when you unexpectedly banged yourself on a chair? Did you notice if you had trouble with your balance? How could you relate this to a type of handicap?



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VISUAL IMPAIRMENT

WHAT IS A VISUAL IMPAIRMENT?

Being visually impaired could mean something as minor as wearing glasses or contact lenses or something as severe as being completely blind. Few people see nothing at all. There are different degrees of blindness also. Some people only see the outer images (peripheral vision) or what is in the middle (tunnel vision). Others see everything but only in fuzzy shapes. Some people cannot see at night. Some people are near-sighted or far-sighted.

There are many causes of blindness. One of the biggest causes is diabetes. There are congenital causes such as retrolental fibroplasia or a progressive disease called retinitis pigmentosa. Blindness can be caused by rubella or childhood illness such as a high fever. Accidents can cause blindness. Brain injury or cancer can cause blindness. Overmedication of highly potent drugs can also cause blindness.

It is a myth that all blind people are good musicians or have super hearing. Each person is an individual. It is true, however, that with one critical sense gone, blind people and visually impaired people develop their other senses to perhaps a greater degree than nonvisually impaired people.

A blind person is not automatically deaf so DON'T SHOUT at him/her. A few tips to remember when meeting or talking to a visually impaired person:

* If you should walk away from a blind person, tell the person so he is not standing there talking to himself or having trouble finding you.

* If a blind person wants assistance (she will ask you) take her right elbow not the whole arm if you are leading the patron somewhere. Walk a little in front of the person and please remember that the things you see and automatically take for granted cannot be seen by the blind person so be sure to tell her if there are steps or a wall, curb, bump, etc. In tight situations, the person can hold on to your shoulder(s) slightly from the rear.

* Don't be afraid to use the word "see" in any conversation, e.g. "Did you see that program on TV last night?" or "Do you see what I mean?"

* If you are very good friends with a blind person and she is used to your home or library, PLEASE TELL THE PERSON if you change anything around, especially furniture. Many blind people memorize steps, distances, and this would avoid embarassing or dangerous situations.

It is a good idea to give a blind or visually impaired person a tour of the library so he can familiarize himself with the physical layout of the place.

Remember that a seeing-eye/guide dog is permitted in the library and a white

cane with a red tip means the person is blind and that some legally blind persons will have neither.

When helping a blind or visually impaired patron, do the obvious:

1. Talk directly to the patron.

2. Remember when you say "follow me" be sure to make it clear which way you mean; ask if the patron needs your help in leading him.

3. A blind or visually impaired person can still utilize the library whether she can read or not. There are talking books and cassettes available and large type also. There is a braille circulating library available free in California which you should know about so you call tell your patrons who read braille. Also find out who is a volunteer reader or brailler or cassette recorder for the blind in your area. The National Library for the Blind and Physically Handicapped prints a booklet listing such volunteers. Don't forget records and cassettes from your regular collection too.

4. Blind or visually impaired people can also enjoy library programs. If they cannot read at all, you may wish to mention what programming is available currently and possibly call them on the phone to advise them of future programs. You could record the programming at your branch on a cassette and mail it to the patron and re-use it monthly. (free postage for visually impaired). You could also put a recording on the phone or, if you have cable, have audio as well as a visual listing of library events.

5. Have large print, tactile and braille signs in your library which will help visually impaired people a great deal.

When doing a program with blind or visually impaired children included, (no reason to have a separate group unless the children come from a special school on a visit to the library)be sure to have the kids sit up close. Utilize ALL THE SENSES (gustatory/taste; olfactory/smell; tactile/ touch especially). Give clear directions. You can show a filmstrip or movie to some visually imapired children.

Adults who are visually impaired basically need to sit near the front of the room but no other accommodations really are necessary.

If you library can have some very simple adaptive equipment it would help some readers. Also when you have a few thousand dollars to spare you may consider getting more sophisticated equipment, e.g.:

SIMPLE: magnifying glass

EXPENSIVE: Kurzweil Machine, Visual-Tek, Opticon, VersaBrailler, etc. (some are compatible to microfiche and computers too)

The Main Library and the Woods Branch have a Visual Tek. To have a demonstration, call either library. The University of Arizona and the Arizona School for the Deaf and Blind each have a Kurzweil Machine which is definitely worth a demonstration since it uses synthesized speech and reads print.

Oh by the way..... when greeting someone with a guide dog, REMEMBER:

* The guide dog is working when it is in harness.
* Do not distract the dog.
* Do not pet the dog unless given permission.
* Do not attempt to maniuplate or lead the visually impaired person who has a guide dog unless she asks you to.

PROFESSIONAL READINGS ON VISUAL IMPAIRMENT

362.41 Y771 — LIVING WITH DEAF-BLINDNESS: NINE PROFILES. Carol Yoken. Gallaudet College, 1979. 175 pp.

q371.911 OR5m — MAINSTREAMING THE VISUALLY IMPAIRED CHILD. Michael D. Orlansky. Learning Concepts, 1977. 121 pp.

q371.928 M5891 — LEISURE TIME ACTIVITIES FOR DEAF-BLIND CHILDREN. Lillian Mikalonis. Joyce Motion Picture Co., 1974. 122 pp.

649.15 K155r — RAISING THE YOUNG BLIND CHILD: A GUIDE FOR PARENTS AND EDUCATORS. Human Sciences Press, 1980. 208 pp.

BOOKS FOR CHILDREN & YOUNG ADULTS ON VISUAL IMPAIRMENT

Anderson, C.W. THE BLIND CONNEMARA. Macmilan, 1971. 80 pp.

Bawden, Nina. THE WITCH'S DAUGHTER. Lippincott, 1966. 181 pp.

Bouchard, Louis Kalb. THE BOY WHO WOULDN'T TALK. Doubleday, 1969. 74 pp.

Brown, Marion March. THE SILENT STORM. Abingdon, 1973. 250 pp.

Butler, Beverly. GIFT OF GOLD [sequel to LIGHT A SINGLE CANDLE]. Dodd, Mead, 1962. 242 pp.

Davidson, Margaret. HELEN KELLER. Hastings, 1969. 91 pp.

Davidson, Margaret. LOUIS BRAILLE, BOY WHO INVENTED BOOKS FOR THE BLIND. Hastings, 1974. 80 pp.

Degering, Etta. SEEING FINGERS: THE STORY OF LOUIS BRAILLE. McKay, 1962. 129 pp.

Delaney, Ned. TWO STRIKES, FOUR EYES. Houghton Mifflin, 1976. 32 pp.

Dickinson, Peter. ANNERTON PIT. Little, Brown, 1977. 175 pp.

Garfield, James B. FOLLOW MY LEADER. Viking, 1957. 191 pp.

Garfield, Leon. SMITH. Pantheon, 1967. 218 pp.

Gibson, William. THE MIRACLE WORKER. Knopf, 1966. 131 pp.

Gill, Derek. TOM SULLIVAN'S ADVENTURES IN DARKNESS. McKay, 1976. 105 pp.

Goodsell, Jane. KATIE'S MAGIC GLASSES. Houghton Mifflin, 1965. 42 pp.

Heide, Florence Parry. SOUND OF SUNSHINE, SOUND OF RAIN. Parents' Magazine, 1970.

Holman, Felice. SLAKE'S LIMBO. Scribner's, 1974. 117 pp.

Hunter, Edith F. CHILD OF THE SILENT NIGHT: THE STORY OF LAURA BRIDGMAN. Houghton Mifflin, 1963. 124 pp.

Keats, Ezra Jack. APT 3. Macmilan, 1971.

Keller, Helen. THE STORY OF MY LIFE. Scholastic Book Services, 1967. 159 pp.

Kent, Deborah. BELONGING. Dial Press, 1978. 200 pp.

Krents, Harold. TO RACE THE WIND. Bantam, 1972. 280 pp.

Kugelmass, J. Alvin. LOUIS BRAILLE: WINDOWS FOR THE BLIND. Messner, 1951. 160 pp.

L'Engle, Madeline. THE YOUNG UNICORNS. Strauss & Giroux, 1968. 245 pp.

Litchfield, Ada B. A CANE IN HER HAND. Albert Whitman, 1977.

Little, Jean. FROM ANNA. Harper & Row, 1973. 201 pp.

McDonnell, Lois. STEVIE'S OTHER EYES. Friendship Press, 1962. 127 pp.

Mathis, Sharon Bell. LISTEN FOR THE FIG TREE. Viking, 1974. 175 pp.

Mulcahy, Lucille. MAGIC FINGERS. Melson, 1958. 124 pp.

Naylor, Phyllis. JENNIFER JEAN, THE CROSS-EYED QUEEN. Lerner, 1967.

Petersen, Palle. SALLY CAN'SEE. John Day, 1977.

Putnam, Peter. "KEEP YOUR HEAD UP, MR. PUTNAM!" Harper & Row, 1952. 171 pp.

Putnam, Peter. THE TRIUMPH OF THE SEEING EYE. Harper & Row, 1963. 178 pp.

Raskin, Ellen. SPECTACLES. Atheneum, 1969.

Renick, Marion. FIVE POINTS FOR HOCKEY. Scribner's, 1973. 132 pp.

Taylor, Theodore. THE CAY. Doubleday, 1969. 137 pp.

ter Haar, Jaap. THE WORLD OF BEN LIGHTHART. Delacorte, 1977. 123 pp.

Vinson, Kathryn. RUN WITH THE RING. Harcourt, 1965. 225 pp.

Whitney, Phyllis. A SECRET OF THE EMERALD STAR. Westminster, 1964. 233 pp.

Witheridge, Elizabeth. DEAD END BLUFF. Atheneum, 1966. 186 pp.

Wolf, Bernard. CONNIE'S NEW EYES. Lippincott, 1976. 95 pp.

Yep, Lawrence. SWEETWATER. Harper & Row, 1973. 201 pp.

AGENCIES SERVING PEOPLE WITH VISUAL IMPAIRMENTS

ARIZONA STATE SCHOOL FOR THE DEAF & BLIND
1200 W. Speedway
Tucson, AZ 85703
628-5357

Home Industries for the Blind
1125 E. Blanton Drive
[1200 W. Speedway]
Tucson, AZ 85719
628-9409 or 628-9426

Tucson Association for the Blind
3767 E. Grant
Tucson, AZ 85716
795-1331

Visually Impaired Preschoolers Center
2417 E. Blacklidge
Tucson, AZ 85719
882-5820

Vocational Services for the Blind
100 E. Alameda, Suite 414
Tucson, AZ 85701
628-5309

State Library for the Blind & Physically Handicapped
1030 N. 32nd
Phoenix, AZ 85008
255-5578

American Foundation for the Blind
15 W. 16th
New York, NY 10016
(212) 620-2000

American Printing House for the Blind
1839 Frankfort Avenue
Louisville, KY 40206
(502) 895-2405

National Federation of the Blind
1629 K Street, NW #701, Office 10
Washington, DC 20006
(202) 785-2974

American Brotherhood for the Blind
18440 Oxnard Street
Tarzana, CA 91358
(213) 343-2022
[loans braille & twin vision books free]

SIMULATED HANDICAPS - VISUAL IMPAIRMENT

1. One person is blindfolded (make sure no light can get in) and is led around the room or the library by another person. During the tour, the leader will supply various objects to touch, smell, taste.

   A variation on this is to have the person blindfolded not with a handkerchief but with a baggie which is wrapped over a few times and glued between layers. This lets some light in but the images are fuzzy. Helper leads "blind" person around.

   Another variation is to buy some cheap nonprescription glasses and mask out either the middle or the periphery of the lens which simulates kinds of visual impairments (retinitis pigmentosa, glaucoma, etc.)

   Discuss: how did it feel to be blind, what did it feel like to be led around, what did it feel like to lead the blind person?

2. Take a cellophane baggie and fold it over a few times, staple yarn on either end to make a blindfold. Have person put blindfold on AND THEN give out materials and directions.

   Person should be given opportunity to color, write on lined paper, sort colors, thread a sewing board, match socks, find an article in the table of contents of a magazine and then turn to the proper page, etc. You can certainly think of more ideas.

3. Have person blindfolded again and give person a library card application to fill out. Also you can use a reserve slip or an interlibrary loan slip or whatever applications you have around.

   A helper can be assigned to each person but the helper's instructions are only to give verbal instructions to help the "blind" person. The helper cannot touch either the "blind" person or the form(s).

   Discuss how it felt to be in both roles, i.e. the need to be helpful and feelings of dependency and independence.

4. Variation on the trust walk is to blindfold a person and have a guide next to or near the "blind" person BUT NOT TOUCHING the "blind" person. Guide must use verbal commands only. Only rule is: DO NOT LET THE "BLIND" PERSON GET HURT.

   This illustrates how clear directions must be. How far to the left or right do you want me to step? Where is the chair in relationship to my body, etc. Remember: Directions can be given based on the hands on a clock, e.g. "12:00" would be straight in front, "6:00" would be directly behind, "3:00" would be immediately to the right straight out, etc. The times are given as: book cart at 3:00, etc. Directions are based on the <u>blind</u> person looking at the clock.

APPENDIX

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I. ACRONYMS

II. GLOSSARY

III. OLD WORDS/NEW WORDS

IV. RECOMMENDED READINGS

V. AGENCIES SERVING MORE THAN ONE DISABILITY

APPENDIX I

ACRONYMS

ASDB	ARIZONA SCHOOL FOR THE DEAF & BLIND
AAMD	AMERICAN ASSOCIATION ON MENTAL DEFICIENCY
ACLD	ASSOCIATION FOR CHILDREN AND ADULTS WITH LEARNING DISABILITIES
ACLPI	ARIZONA CENTER FOR LAW IN THE PUBLIC INTEREST
ARC	ASSOCIATION FOR RETARDED CITIZENS - [illegible]MA UNIT
ASDB	ARIZONA STATE SCHOOL FOR THE DEAF AND BLIND
ATPT	ARIZONA TRAINING PROGRAM AT TUCSON
CCC	CRIPPLED CHILDREN'S CLINIC
COPD	COMMUNITY OUTREACH PROGRAM FOR THE DEAF
CEC	COUNCIL FOR EXCEPTIONAL CHILDREN
DD	DEVELOPMENTAL DISABILITIES
EFA	EPILEPSY FOUNDATION OF AMERICA
ESSA	EPILEPSY SOCIETY OF SOUTHERN ARIZONA
HHS	HEALTH & HUMAN SERVICES, U.S. DEPARTMENT OF
MDA	MUSCULAR DYSTROPHY ASSOCIATION
MILC	METRO INDEPENDENT LIVING CENTER
MSS	MULTIPLE SCLEROSIS SOCIETY
NAD	NATIONAL ASSOCIATION OF THE DEAF
NSAC	NATIONAL SOCIETY FOR AUTISTIC CHILDREN
NARC	NATIONAL ASSOCIATION FOR RETARDED CITIZENS
PCEH	PRESIDENT'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED
PCMR	PRESIDENT'S COMMITTEE ON MENTAL RETARDATION
TAB	TUCSON ASSOCIATION FOR THE BLIND
TASH	THE ASSOCIATION FOR THE SEVERELY HANDICAPPED
UASS	UNIVERSITY OF ARIZONA SPECIAL SERVICES
UCPA	UNITED CEREBRAL PALSY ASSOCIATIONS, INC.

APPENDIX II

GLOSSARY

This glossary is to help define some of the words mentioned in the resource guide that weren't covered before. Some words or phrases are also valuable to know because they might help you when planning programs.

ADAPTIVE BEHAVIOR: the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group. Three aspects of this behavior are: 1) maturation; 2) learning and/or social adjustment.

ADVOCACY: a program in which agencies or volunteers act on behalf of the interests of other persons who are in some way developmentally disabled.

AGNOSIA: inability to identify familiar objects through a particular sense organ.

AGRAPHIA: inability to write legibly either by copying or from memory.

ALEXIA: inability to read.

APHASIA: no language.

APHASIA, DEVELOPMENTAL: inadequate language development.

APHASIA, EXPRESSIVE: inability to express oneself verbally.

APHASIA, RECEPTIVE: inability to comprehend verbal material.

APRAXIA: inability to perform purposeful movements in the absence of paralysis or sensory disturbance.

ATAXIA: severe problems of coordination or voluntary movements.

ATTENTION SPAN: the length of time an individual can concentrate on something without being distracted or losing interest.

AUDITORY SEQUENTIAL MEMORY: ability to recall in its correct order, material which was heard (e.g. butterfly NOT flutterby) or a complete sentence or a series of instructions.

APPENDIX II

GLOSSARY (2)

AUDITORY-VISUAL INTEGRATION: association of a sound heard with its printed counterpart that is visually presented.

AUDITORY DISCRIMINATION: ability to hear and perceive differences between sounds that are similar but not the same, e.g. "p" and "b".

AURA: sensations experienced by a person with epilepsy just before a seizure; can be visual aura in which subject may see colors or auditory where subject hears voices or bells.

AVERSIVE: something "bad" or unpleasant; has consequences which usually hurt.

BEHAVIOR CONTRACTING: people involved write down and agree upon the specific behaviors to be changed and the contingencies to be used in changing behaviors.

BEHAVIOR MODIFICATION: precisely planned systematic application of methods and experimental findings of behavioral science with intent to alter observable behaviors, including increasing, decreasing, extending, restricting, teaching, maintaining behaviors. Key concepts include:

POSITIVE REINFORCER - stimulus which when presented as a consequence of a response, increases or maintains response. NEGATIVE REINFORCER - aversive stimulus which, if removed as a consequence of a response, increases or maintains the response. CONTINGENCY - relationship between a given response and its environmental consequence. TIME OUT - period of time in which the individual in a contingency program is removed from or denied the opportunity to obtain reinforcers.

COGNITIVE SKILLS: skills involved in acquiring information, organizing it and using it in problem solving and creative production. These skills form a hierarchy moving from a very concrete level to highly abstract analysis and synthesis.

DEINSTITUTIONALIZATION: acts of preventing new admissions to institutions, returning residents of institutions to appropriate residential programs in the community, creating an environment at institutions which foster resident development and insures protection of clients' rights.

DEVELOPMENTAL DISABILITY: a severe chronic disability of a person with onset before the age of 22 which:

GLOSSARY (3)

results in substantial functional limitations in three or more of the following areas of major life activity: SELF-CARE, RECEPTIVE/EXPRESSIVE LANGUAGE, LEARNING, MOBILITY, SELF-DIRECTION, CAPACITY FOR INDEPENDENT LIVING, ECONOMIC SELF-SUFFICIENCY.

DIRECTIONALITY: ability to distinguish from left to right, up from down.

DYSCALCULA: difficulty in learning to understand the relationship between mathematical concepts and symbols.

DYSLEXIA: inability or difficulty in decoding printed symbols into thought, or encoding thought into printed or written symbols.

DYSNOMIA: inability to recall a word at will, even though the individual knows the word he is trying to recall and recognizes it when said for him.

DYSGRAPHIA: inability to express ideas by means of writing or written symbols.

ECHOLALIA: noncognitive repetition of word or sentence just spoken by another person.

EYE-HAND COORDINATION: harmonious cooperative movements of the eye and hand in which the eye guides the hand to smooth completion of the task.

FIGURE-GROUND: term used to contrast important stimulus from the multitude of stimuli surrouding it; the FIGURE is the desired focus of attention, and the GROUND refers to the remaining stimuli.

FINE MOTOR COORDINATION: harmonious use of small muscles as in writing or sewing.

FORM PERCEPTION: ability to perceive and discrminate differences between shapes.

GROSS MOTOR ABILITY: movements in which large muscles are used and in which balance is important.

GROUP HOMES: licensed home with designated substitute parents. Persons placed in group homes may participate in special education, vocational or day care facilities in the community.

GLOSSARY (4)

HYPERACTIVITY: overactivity or excessive movement.

HYPOACTIVITY: underactivity or relatively little movement.

MULTI-SENSORY APPROACH: teaching reading using many of the senses: visual (eyes), sight words; auditory (ears), phonic analysis; kinesthetic (sense of movement), tracing letters and words; tactile (touch), raised letters, sandpaper.

PERCEPTUAL-MOTOR: interaction of perceptual modalities (visual, auditory, tactile, kinesthetic) with motor activity.

PERCEPTUAL SKILLS: skills calling for interpretation and integration by the brain of sensory intake; these skills include visual, auditory, tactile, gustatory discrimination and auditory-visual integration.

PERSEVERATION: persistent repetition or continuation of a word, sentence or action after it has been begun or recently completed.

REHABILITATION: process of improving an individual's skill or level of adjustment with respect to an increased ability to maintain satisfactory independent or dependent functioning such as self-care, employment, etc.

SENSORIMOTOR SKILLS: skills that combine sensory and motor modalities such as basic auditory, visual and motor abilities necessary for exploring the environment at the early stage of preschool learning.

SEQUENCING: reading, listening, expressing thoughts or describing events in an orderly and meaningful manner.

SPATIAL RELATIONSHIP: awareness of one's position in relation to the environment. Difficulties in spatial orientation may be associated with left-right confusion, poor sense of direction, etc.

STATUS EPILEPTICUS: non-stop seizures which is rare but should be treated promptly by medical personnel.

TIME ORIENTATION: awareness of time and time relationships such as time of day, sequence of meals, days of week, month, year, concept of before and after, yesterday, today and tomorrow.

APPENDIX II

GLOSSARY (5)

TASK ANALYSIS: breakdown of skill or activity into simpler sub-units which are then placed in the sequence necessary for the completion of the larger task.

VISUAL DISCRIMINATION: ability to see and perceive differences between forms, shapes, letters that are similar, but not the same, e.g. m and n, h and n.

VISUAL-MOTOR COORDINATION: use of eyes and body in unified actions, in which visual information guides the motor response of the hand or legs, as in writing or playing ball.

VISUAL SEQUENTIAL MEMORY: ability to recall words or letters in their proper sequence as in spelling.

GLOSSARY MADE POSSIBLE THROUGH:

Busn, Clifford L. Dictionary of Reading and Learning Dis*a*bil*i*ty. Western Psychological Service, 1978. 179 pp.

Kelly, Leo J. Dictionary of Special Education and Rehabilitation. Love Publishing Co., 1978. 160 pp.

Pope, Lillie. Learning Disabilities Glossary. Book-Lab, 1976. 60 pp.

Tymchuk, Alexander J. The Mental Retardation Dic*tion*ar*y. Western Psychological Service, 1973. 112 pp.

APPENDIX III

OLD WORDS/NEW WORDS

"Sticks and stones may break my bones but names will REALLY hurt me."

Use the guidelines reprinted below when tempted to add labels:

1/Out of respect for the uniqueness and worth of the whole individual and because a disabling condition may or may not be handicapping, use the word *disability* rather than the word *handicap*, but give reference to the person first. Make it *person/individual* with a disability or *person/individual* who has a disability. In the plural case, *persons, individuals,* and *people* may all be used. Avoid using the derivative word *disabled* as a labeling adjective, which implies that the person as a person is disabled, as in the expression *disabled person* or *person who is disabled.* Also avoid using *disabled* as a noun, which implies a state of separateness or total disability, as in *the disabled.*

2/Because the person is not the condition, reference to the person in terms of the condition he or she has is inaccurate as well as demeaning. Avoid, then, reference to the person as *a postpolio, a c.p., a stroke, an epileptic, a hemiplegic,* etc. Say, instead, the person who. . . *had/has polio, has cerebral palsy or c.p., had/experienced a stroke, has epilepsy, has hemiplegia,* etc.

3/Some categorical terms are used correctly only when communicating technical information—for example, *hard of hearing, deaf, partially sighted,* and *blind.* More accurate choices when referring generally to persons who have disabilities of these kinds are *person/individual who has a partial hearing loss, person with a total/severe hearing loss, person who has limited/partial vision, person with total/severe loss of vision.*

4/Avoid all terms carrying negative or judgmental connotations and replace them with objective descriptors. Some examples are:

AFFLICTED BY/AFFLICTED WITH—Say *the person has.*

CRIPPLE/CRIPPLED/THE CRIPPLED—Say *the person with a disability/individual with a disability caused by or resulting from/persons with disabilities.*

DRAIN/BURDEN—*Say condition requiring increased or additional responsibility/person whose condition requires intensive or additional care or adjustment.*

HOMEBOUND—Say *person whose ability to leave the home is limited.*

HOMEBOUND EMPLOYMENT—Say *employment in the home.*

INFLICTED—Say *caused by.*

INVALID (literally, not valid)—Say *the person who has a disability resulting from or caused by.*

LAME—Say *person with an orthopedic disability.*

RESTRICTED TO/CONFINED TO—Say *uses a wheelchair/walks with crutches.*

VICTIM—Say *person who has/person who experienced/person with.*

WHEELCHAIR BOUND—Say *uses a wheelchair.*

UNFORTUNATE, PITIFUL, POOR, and other such words carrying value judgments; DEAF AND DUMB, BLIND AS A BAT, CRIP, FREAK, DEFORMED, and other such cliches and terms that stereotype, disparage, or offend—*No replacements.*

(reprinted with permission of the National Easter Seal Society, 1983)

5/Be careful with certain words that, if used incorrectly, can reinforce negative misconceptions of persons who have disabilities. These include:

DEFECT/DEFECTIVE—Acceptable for describing an object in error or at fault, such as a defective printout or a defective piece of equipment. Degrading and offensive when used in connection with human beings. Say *problem/condition;* some alternatives for *birth defect—difference in physical structure at birth,* or *lack of formation of ( ),* or *disability present at birth,* or *born with ( ).*

DIAGNOSE—Accurate only when used in connection with a condition or a disease—for example, The condition was diagnosed as osteomyelitis. A person is never diagnosed, but may be *found to have* or *determined to have* whatever the condition or disease may be.

DISEASE—Acceptable when referring to or classifying some causes of some disabilities—for example, polio, Parkinson's Disease, meningitis—which are diseases. Misleading and inaccurate to believe or imply that all disabilities are the result of diseases or that all persons who have disabilities are chronically ill or sick. Although a disability may be caused by a disease, the disability is not the disease itself and, therefore, can never be contagious (as is too often mistakenly thought).

NORMAL—Acceptable for referring to statistical norms and averages. Demeaning when used in reference to persons who have no disability. Say *persons without disabilities* instead.

PATIENT—Acceptable for referring to "an individual awaiting or under medical care and treatment" such as that administered in hospitals and doctors' offices. Although a few persons connected with Easter Seals may be patients, most are *clients* or *consumers;* none is ever a *case.*

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APPENDIX IV

RECOMMENDED READING

BOOKS ABOUT HANDICAPS: for Children and Young Adults. Patricia Bisshopp. Meeting Street School Annotated Bibliography. 1978. 64 pp. (has annotated titles by disability with recommendations)

DEAF AWARENESS HANDBOOK FOR PUBLIC LIBRARIES. Alice Hagemeyer. D.C. Public Library. 1976. (all you need to know about serving the deaf patron)

DIRECTORY OF HUMAN SERVICES. Information & Referral. Published annually with supplements. (listing of all agencies serving persons in Tucson/Pima County)

DIRECTORY OF ORGANIZATIONS INTERESTED IN THE HANDICAPPED, 1980-81. People to People Committee for the Handicapped. (gives address/phone, officers, organization and purpose, principal programs, publications, for more than 100 organizations around the country)

GREEN PAGES, REHABILITATION SOURCEBOOK: a Comprehensive Source Directory of Products and Services Available to People who Accommodate the Physically Disabled in a Work, School, Social or Rehab Environment. Sourcebook, 1982. 176 pp.

EXCEPTIONAL CHILD THROUGH LITERATURE. Elliot D. Landeau, ed. Prentice-Hall, 1978. 286 pp. (emphasizes use of these fictional works to gain greater understanding of the handicapped as well as nonhandicapped people's views of them). Bibliography included at end of book. Each chapter gives an excerpt from a literary work.

HANDICAPPED LIBRARIAN: Study in Barriers. G. Garry Warren. Scarecrow, 1979. 147 pp.

LIBRARY RESOURCES FOR THE BLIND AND PHYSICALLY HANDICAPPED. Annual. National Library Service for the Blind and Physically Handicapped, Library of Congress. (network libraries and machine-lending agencies, readership and circulation statistics, budget, staff, collections)

NOTES FROM A DIFFERENT DRUMMER: a Guide to Juvenile Fiction Portraying the Handicapped. Barbara H. Baskin. Bowker, 1977. 375 pp. (gives general information on societal and literary treatment of the handicapped and then annotates and analyzes books written from 1940-75)

MEETING THE NEEDS OF THE HANDICAPPED: a Resource for Teachers and Librarians. Oryx Press, 1980. 479 pp. (similar to Velleman's book in scope, but geared more to the school library).

APPENDIX IV

RECOMMENDED READING (2)

PEOPLE...JUST LIKE YOU; About Handicaps and Handicapped People (an activity guide) President's Committee on Employment of the Handicapped. 1979. 36 pp. (simulated handicaps, discussions, activities to heighten awareness of handicapped for grades K-12)

OUTREACH: Library Services for the Institutionalised, the Elderly and the Physically Handicapped. Clive Bingley, 1978. 232 pp.

PEOPLE MAKE IT HAPPEN; The Possibilities of Outreach in Every Phase of Public Library Service. Scarecrow, 1978. 153 pp.

SERVING PHYSICALLY DISABLED PEOPLE: an Information Handbook for all Libraries. Ruth A. Velleman. Bowker, 1979. 392 pp. (PACKED full of information on deaf, blind, physically handicapped patrons, the rehabilitation concept, recommended collections, lists of organizations, independent living centers, adaptive equipment companies, and more)

BOOKFINDER: A Guide to Children's Literature about the Needs and Problems of Youth Aged 2-15. Sharon Spredemann Dreyer, American Guidance Service, 1977. pp.

EVERYBODY COUNTS! A WORKSHOP MANUAL TO INCREASE AWARENESS OF HANDICAPPED PEOPLE. Council for Exceptional Children, 1979. 73 pp.

WHAT'S THE DIFFERENCE?; TEACHING POSITIVE ATTITUDES TOWARD PEOPLE WITH DISABILITIES. Human Policy Press, 1978. 165 pp.

SPECIAL PEOPLE BEHIND THE 8-BALL: AN ANNOTATED BIBLIOGRAPHY OF LITERATURE CLASSIFIED BY HANDICAPPED CONDITION. June Mullins. Mafex Associates, 1975. 202 pp.

MAINSTREAMING: WHAT EVERY CHILD NEEDS TO KNOW ABOUT DISABILITIES. Susan R. Bookbinder. Meeting Street School, 1978. 94 pp.

PARENTS ARE TEACHERS: A CHILD MANAGEMENT PROGRAM. Wesley C. Becker. Research Press, 1971. 194 pp.

APPENDIX V

AGENCIES SERVING MORE THAN ONE DISABILITY

CHILDREN'S EVALUATION CENTER
333 S. Freeway (85705)
624-8361

CRIPPLED CHILDREN'S CLINIC
2916 E. Broadway (85716)
325-1571

DISABLED ADULT IMPROVEMENT PROGRAM
(D.A.I.P.)
4500 E. Speedway, Suite 88 (85711)
326-3356

EASTER SEAL SOCIETY
920 N. Swan (85711)
795-7542

GOODWILL INDUSTRIES
1770 S. Cherrybell (85713)
623-5174

MARCH OF DIMES
2508 E. 6th (85716)
795-4451

METRO INDEPENDENT LIVING CENTER
M.I.L.C.
3333 E. Grant (85716)
795-2893

PILOT PARENTS OF SOUTHERN ARIZONA
2555 E. 1st, Suite 103 (85716)
323-2754

REHABILITATION WORK ADJUSTMENT CENTER
308 W. Glenn (85705)
622-4874

SPECIAL SERVICES
Rehabilitation Dept.
University of Arizona (85721)
621-3268

PRESIDENT'S COMMITTEE ON EMPLOYMENT
OF THE HANDICAPPED
1111 20th Street NW
Washington, DC 20036
(202) 653-5044

COUNCIL FOR EXCEPTIONAL CHILDREN
1920 Association Drive
Reston, VA 22091
(703) 620-3660

PIMA COLLEGE
Special Services
2200 W. Anklam (85709)
884-6688

VETERANS ADMINISTRATION
Medical Center
3601 S. 6th (85723)
792-1450

A FINAL COMMENT:

PLEASE, keep your sense of HUMOR!

(Printed with permission of
Accent on Living)

"Harold, I told you to be careful about making those sudden stops!!"

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